BAY-ARENAC BEHAVIORAL HEALTH

Michigan Department of Community Health
Mental Health and Substance Abuse Administration
Improving Practices Infrastructure Development Block Grant
Co-occurring Disorder: Integrated Dual Disorders Treatment
Program Narrative
Final Report

Report Period: 10/1/05 – 9/30/06
PIHP: Bay-Arenac Behavioral Health
Program Title: Co-Occurring Disorders: Integrated Dual Disorders Treatment
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PCA#: 20700 Contract #: 20061236 Federal ID: 38-3611656

A. Briefly summarize the Systems Transformation efforts and implementation activities of the Improving Practices Leadership Team.

First Quarter:
The BABH Improving Practice Leadership Team (IPLT) began met twice n the first quarter of FY 2006. The initial meeting was organizational in nature with introductions, summary of the formation of the IPLT, review of the Committee Charter, identification of how the Committee fits into the PIHP Committee structure, communication flow expectations and applicable IPLT definitions. The second IPLT meeting this quarter included the development of Mission, Vision and Values statements, and a more in depth discussion of applicable definitions. All meetings this quarter included a review of the status of the COD-IDDT implementation project and discussion on the role of the IPLT in overseeing other Evidence Based Practices (EBP) currently in place across the Affiliation. During this quarter the IPLT created a list of all the EBP and emerging practices being used at each CMHSP. All IPLT members were provided with network access to all the SAMHSA EBP Toolkits.

Second Quarter:
The BABH PIHP Improving Practice Leadership Team (IPLT) met monthly in the second quarter of FY 2006. The January meeting included discussion about a system transformation grant with the MDCH Recovery Council and possible implications for the efforts of the Regional IPLT. Additional clarification was made on the wording of the recently developed IPLT Mission, Vision and Value statement. Changes were made and approved. The February meeting focused on Evidenced Based Practices that have been in existence for a number of years, and their potential impact on systems transformation. The March meeting introduced Don MacDonald as the new Regional IDDT Coordinator. This meeting included discussion of IDDT Fidelity Measurement Training. It was reported that two representatives from the affiliation were identified and will be trained to become EBP Fidelity Assessors. The individuals will be part of a cadre of assessors that will assist with the IDDT process Regionally and at other participating PIHPs.

Third Quarter:
The BABH PIHP Improving Practice Leadership Team (IPLT) met twice in the third quarter of FY 2006. During this quarter the team reviewed the Performance Improvement Data Base Tool. The IPLT requested the review in order to examine the

possibility of using this tool to focus on Evidenced Based Practice (EBP) outcomes. Status reports were provided on regional involvement with the Statewide Recovery Council, the Developmental Disabilities Practice Improvement Team (DD-PIT) and the Integrated Dual Disorder Treatment (IDDT) implementation. The IPLT continues oversight of other EBP and emerging practice efforts. In this regard, key people from each board have been identified to provide leadership to Assertive Community Treatment (ACT), Dialectical Behavioral Therapy (DBT), and Supported Employment (SE). Reports on their activities will be provided at future IPLT meetings. A report was provided at each of the three meetings this quarter on the Integrated Services Workgroup/ Integrated Services Advisory Council (ISW/AC), and their activities related to IDDT implementation.

Fourth Quarter:
The BABH PIHP Improving Practice Leadership Team (IPLT) met twice during the fourth quarter of FY 2006. The August meeting included a presentation and discussion on "Advance Directives for Mental Health Care" by staff involved with the Systems Transformation Grant and MDCH Recovery Council. A report was provided on the Developmental Disabilities – Practice Improvement Team (DD-PIT) Meetings being held in Lansing. It was noted that with all the attention being focused on the SPMI population, it is important also to continue to advocate for the needs of the Developmental Disabled Population. In September, there was a presentation on discussion on a "Barrier Buster" process being developed. Also there was discussion on DCH reporting requirements related to demographics. Standing reports were provided on COD-IDDT, ACT, SE, and DBT activities.

B. Briefly describe the Systems Change process activities during this quarter related to the integration of Mental Health and Substance Disorder services and the impact of this Evidence-Based Practice process on creating systems change.

First Quarter:
Activities provided this quarter included providing orientation on the COD-IDDT model to Consumer Councils, Riverhaven CA Substance Abuse Advisory Council, the Regional Integrated Services Workgroup/Integrated Services Advisory Council, PIHP and CMHSP Boards and staff. The structure for communication and authority within the PIHP was established for the COD-IDDT Coordinator, CMHSP Implementation Teams, Regional Integrated Services Council, IPLT, PIHP Leadership Council, to the Chief Executive Officer and the Board of Directors.

Second Quarter:
The ISW/AC evaluated the results of the COMPASS evaluation tool completed by all Affiliation Partners and several of the contracted Riverhaven Coordinating Agency substance use disorder treatment (SUD) providers. From this Affiliate partners prioritized identified gaps for local action planning. Common areas of need identified in the COMPASS will be synthesized into the Regional Work Plan. Initial discussion began during this quarter on how the ISW/AC could collectively complete the CO-FIT 100 and work on a revision of the current Regional Consensus Document. The Regional Work Plan has been developed for the CMHSP partners involved in the COD-IDDT grant project, but it is also being shared with interested SUD treatment providers (in order to help improve their co-occurring treatment capabilities).

Third Quarter:
There were several systems change activities that occurred during this reporting period. First, based on the results of the COMPASS completed in the previous quarter, the ISW/AC meetings focused primarily on drafting, developing and revising a regional training plan. In discussions, the consensus of the ISW/AC was that in order to create

lasting systems change, it will be necessary to provide administrative and clinical staff training that is as local as possible (with a train-the-trainer approach). The reason for this approach was related to member agency concerns of maintaining consumer contacts; staff availability and the distance staff must travel to trainings that are hosted regionally or statewide. The ISW/AC decided to put the initial training emphasis on motivational interviewing and stages of change because of its importance to the IDDT implementation. Second, copies of the Comprehensive, Continuous Integrated System of Care Fidelity and Implementation Tool (CO-FIT 100) were distributed to each of the board partner IDDT planning teams for completion. These results will then be collectively evaluated by the ISW/AC in the 4th quarter (and if needed 07 first quarter) to help determine co-occurring disorder (COD) system needs recommendations to the IPLT to be implemented in fiscal year 2007.

Fourth Quarter:
The focus of the final quarter system change activities was for the ISW/AC to finalize the IDDT Training Plan and begin the initial Motivational Interviewing/Stages of Change (MI/SOC) Trainings in the region. The consensus of the work group was that since the MI/SOC is foundational to the implementation of the IDDT Project that it is important to begin this series of trainings first. Two MI/SOC trainings for administrators were held during the fourth quarter. These trainings were held to familiarize Chief Executive Officers, Chief Operating Officers and Clinical Directors/Supervisors with the principles of MI/SOC in order to gain support for the systems changes needed to make the IDDT model effective. Approximately 50 administrators attended the two trainings. The ISW/AC continued discussion on how to best utilize the data from the CO-FIT 100 in order to better address regional systems issues. Finally, the ISW/AC began a preliminary review of regional clinical forms to evaluate consistency with IDDT needs.

C. Briefly describe the changes that have occurred and milestones achieved in the last quarter. Attach the products developed.

First Quarter:
The primary change this quarter was the development of the structure for communication and authority that was described in Section B (1st Quarter) and the development of the Improving Practices Leadership Team described in Section A (1st Quarter).

Second Quarter:
A new IDDT Coordinator was appointed in early March of the current reporting period. Negative impact was minimal as the new coordinator had previously worked for BABHA on developing the MInkoff CCISC model and was able to bring his prior experience to the IDDT Coordinator position. As noted in section B (2nd Quarter), the most significant milestone has been the completion of the COMPASS and the resulting identification of organizational needs.

Third Quarter:
There were two significant milestones that have occurred this quarter. First, all affiliation partners have developed IDDT planning and implementation teams and were beginning to develop their own work plans consistent with the regional work plan. Second, a draft regional training plan was developed that will begin to address training needs required to effectively implement the IDDT model throughout the region.

Fourth Quarter:
Significant milestones that occurred this quarter include that all affiliation partners now have draft work plans for implementing the IDDT model in their organization. Each CMHSP is holding monthly planning/implementation meetings. The Regional IDDT Coordinator is providing technical assistance to Affiliation members when requested.

Also as the second year of the IDDT Block Grant approaches key staff are being identified by each CMHSP to be trained to help enhance the sustainability of the IDDT beyond the grant period. BABH has developed a "barrier buster" process to address issues that may block or interfere with IDDT or other Evidence Based Practice implementation. This process is being reviewed by the ISW/AC for possible recommendation to the PIHP region.

D. Briefly summarize consensus building and collaborative service efforts with other systems and agencies that have taken place during this quarter.

First Quarter:
The ISW/AC, made up of CMHSP Integrated Services Implementation leaders and SUD Providers met twice in the first quarter of FY 2006. One of the key goals of the ISW/AC during this quarter was to enhance consensus around the commitment to serve persons with co-occurring disorders by the mental health and substance use disorder treatment system. Ongoing collaboration is occurred with these stakeholders regarding activities of the State of Michigan Co-Occurring Policy Academy, progress reports on development of services for persons with co-occurring disorder and opportunities for sharing of resources. The last quarter has focused heavily on the COD-IDDT implementation and the impact that will have on the SA and MH system.

The Riverhaven Coordinating Agency Substance Abuse Advisory Council met this quarter. As a part of their agenda they received a report and printed materials on the COD-IDDT model that is in the process of being implemented across the PIHP Region (which includes the same counties that the Riverhaven CA is responsible for). This Advisory Council was very supportive of CMHSP and SA staff becoming more skilled in serving persons with a dual MH/SA condition. Plans are to provide periodic updates to this Council on the COD-IDDT implementation.

Second Quarter:
The Regional Integrated Services Coordinator and the BABHA Chief of Clinical and Program Operations, Gary Lesley, are involved with MDCH IDDT Work Groups. Shiawassee CMHSP CEO, Scott Gilman, has also involved with the State Work Groups. Additionally, Mr. MacDonald participates in the Co-occurring Policy Academy sponsored by MDCH. On a regional basis the Integrated Services Council/Work Group, made up of Affiliation CMHSP Integrated Services Implementation leaders and SUD Providers, met monthly to collaborate and build consensus for IDDT implementation. Mr. Lesley and Mr. MacDonald began participating (along with representatives from other PIHPs) with Network 180 in a collaborative effort on developing integrated access to services. The integrated access project is being funded by a grant from the Co-Occurring Center for Excellence (COCE). This technical assistance grant that was awarded to Network 180 who is partnering with interested PIHPs, Coordinating Agencies and providers to improve access to services for persons with co-occurring disorders.

The Riverhaven SA Advisory Council continues to be apprised of IDDT developments. A Co-occurring Disorders/IDDT report is a standing agenda item at the Advisory Council meetings. This Advisory Council continues to be supportive of CMHSP and SUD treatment staff becoming more skilled in serving persons with co-occurring conditions

Third Quarter:
BABHA and affiliate partner leadership remain involved with MDCH IDDT work groups and the COCE Integrated Access Project. The ISW/AC made up of Affiliation CMHSP and SUD leaders met on a regular basis to collaborate and build consensus for COD-IDDT implementation in the region.

A COD/IDDT report was presented to the Riverhaven SA Advisory Council meeting. The Advisory Council remains supportive of CMHSP and SUD treatment staff becoming more skilled in serving persons with co-occurring conditions.

Fourth Quarter:
Collaborative efforts continue on a regular basis. Regional leadership continues to be involved with other PIHP and DCH leadership in the development of the IDDT model. Regionally, the ISW/AC continues to meet and develop COD-IDDT implementation processes and recommendations for the mental health and substance use disorder provider network. Partnering continues with the COCE Integrated Access Project sponsored by Network 180. The Access Alliance of Michigan (AAM) Access Center Clinical Services Manager is now participating with the COCE Work Group. It is felt that this staff's participation will help develop stronger internal processes to assist co-occurring consumers accessing services

E. Briefly describe the progress of each of the Co-occurring Disorder project goals and objectives of this quarter. Include an update on systems assessment utilizing the Co-Fit or COMPASS, the development of action plans based on this self-assessment, and progress on action plans. Please attach initial work plan/action plan based on this assessment and amendments, if any, for each of the quarters.

Summary of Accomplishments Related To Year One Grant Goals

Goal 1: To ensure that all stakeholders are aware of the expanded implementation of the Co-Occurring – Integrated Disorders Treatment EBP across the Affiliation.

- In order to provide an introduction to IDDT, the IDDT Overview prepared by the Ohio Substance Abuse and Mental Illness Coordinating Center of Excellence was shared with the CMHSP Affiliation members and the Riverhaven Coordinating Agency (RCA) substance use disorder treatment provider network.
- An ongoing report on co-occurring disorders (COD) and the IDDT project is presented at the bi-monthly RCA Substance Abuse Advisory Council meetings. The Advisory Council, made up of interested community members from each of the six counties in the region, provides community input on SUD needs and issues to RCA.
- The Regional ISW/AC has a standing agenda item on IDDT activities. This group functions as the primary "clearing house" on issues related to COD for the Affiliation and the SUD provider network. They also provide COD/IDDT education to peers and consumers in their respective programs. The ISW/AC meets on a monthly basis.
- The BABHA Chief of Clinical Operations provides COD/IDDT status reports to the Regional Operations Council at their monthly meeting. The Operations Council consists of the Chief Operating Officers from each CMHSP affiliate.
- The BABHA Chief of Clinical Operations also provides a status report to the Affiliation Leadership Council on COD/IDDT progress. The Leadership Council consists of the Chief Executive Officers of the five CMHSP affiliation partners.

Goal 2: To ensure that the appropriate leadership structure is in place to effectively implement the Co-Occurring Disorders Treatment EBP across the region.

- A COD-IDDT Coordinator was hired to manage implementation of the IDDT EBP. The Coordinator has a Masters Degree and over 20 years of experience working (as an administrator and clinician) with persons with COD.
- In order to provide oversight to the IDDT implementation and other Evidence Based Practices (EBP) an Improving Practices Leadership Team (IPLT) was developed. This team consists of professional and consumer representation from each AAM Affiliation

CMHSP. The IPLT team generally meets monthly on strategic planning issues related to the IDDT Project and other EBP and emerging practices.

- The Regional Operations Council meets monthly and provides administrative oversight to the IDDT implementation. The Operations Council is responsible for ensuring that top leadership in each CMHSP is aware and supportive of IDDT implementation.
- The Regional ISW/AC functions to provide clinical recommendations on IDDT implementation to the Regional IPLT. The ISW/AC group meets monthly.
- Each Affiliate CMHSP has established an IDDT planning team. These CMHSP teams are developing local IDDT work plans (consistent with the Regional IDDT Work Plan) in order to implement the IDDT model in a way that best serves their organizational needs.

Goal 3: To develop the system level building blocks necessary to support and sustain ongoing integrated services to persons with co-occurring disorders.

- The Regional PIHP added the goal of achieving full co-occurring disorder capability to the Regional Strategic Plan.
- In order to remain consistent with the Comprehensive, Continuous, Integrated Systems of Care (CCISC) systems change model, each CMHSP partner participated through the Regional ISW/AC in a collective re-administrations of the CO-FIT 100 in order to help determine system change needs. This CCISC tool will be administered on a yearly basis.
- In order to remain consistent with the CCISC model of assessing COD program competencies, each CMHSP partner received and completed the COMPASS. The information from these assessments was synthesized by the Regional IDDT Coordinator to be used by the ISW/AC to develop a Regional Training Plan. Regional and local IDDT trainings will begin in the final quarter of year one of the IDDT grant. The COMPASS will be administered on an annual basis.
- The ISW/AC has made screening tool recommendations (MIDAS and MHSF-III) for use by the partners in the AAM Affiliation. The ISW/AC continues to work with the various information systems of the Affiliate partners on how to best identify and best capture information on consumers with COD.
- BABH has developed a "barrier busters" process to resolve and remove systems levels barriers to implementing the IDDT model. This process is being reviewed and may possibly be recommended for formal implementation by the Regional Operations Council in the second year of the IDDT Block Grant.

Goal 4: To ensure qualified trained staff are available in the Access Alliance of Michigan Access Center to screen persons for both mental illness and substance use disorders.

- All Access Center staff completed the clinician competency assessment known as the CODECAT. The Regional IDDT Coordinator is utilizing this information to address training needs of Access Center staff.
- AAM is participating in the COCE "Integrated Access" technical assistance project to assist in developing screening tools and processes needed to best serve COD consumers trying to access the system for treatment. (It has been decided to move slowly on training issues with Access Staff until a more comprehensive plan is developed by the PIHP's involved in the COCE Access project - so as to not potentially create trainings that might be of limited value to the Access Staff).

Goal 5: To provide COD-IDDT training for all staff providing treatment and support to persons who have a dual disorder.

- The Regional IDDT Coordinator has provided IDDT clinical consultations to CMHSP implementation teams.

- A regional (draft) training plan was developed by the ISW/AC to provide affiliation staff with training and support for treating persons with COD.
- Trainings began during the fourth quarter to introduce regional administrative and clinical directors/supervisors to the principles of motivational interviewing and stages of change. The principles of this treatment modality are a keep component of IDDT implementation.

Goal 6: To monitor ongoing implementation of COD – IDDT EBP

- The Regional IDDT Coordinator attends each at least quarterly CMHSP IDDT meetings to provide input and technical assistance.
- The Regional IDDT Coordinator has been available to each CMHSP Team Leader for phone consultation and/or onsite technical as needed.
- The Regional IDDT Coordinator has provided monthly status reports to the Regional IPLT.
- The Regional IPLT and the Regional Operations Council has been designated as the leadership to resolve any systems level barriers to IDDT implementation.
- The Regional IDDT Coordinator attends the Statewide EBP – IDDT Administrative Workgroup.

Goal 7: To periodically evaluate the Affiliation fidelity to the COD – IDDT EBP

- During this fiscal year, the BABH Assertive Community Treatment Team participated in an initial General Organizational Index fidelity readiness assessment/consult with Patrick Boyle. Representatives from three of the four other Affiliation Partners, along with the Regional IDDT Coordinator, participated as observers at this event.
- Affiliation Partners are reviewing the General Organizational Index (GOI) and IDDT Fidelity tool in order to be ready for external PIHP representatives to assess the BABH PIHP IDDT implementation readiness. The BABH PIHP has two representatives trained of which one will be available to provide IDDT fidelity assessments in other PIHPs. It is anticipated the IDDT Fidelity reviews will be scheduled and begin during the first quarter of the second year of the IDDT Block Grant.

F. Briefly describe staff training and technical assistance obtained during this quarter. Explain how these will be utilized for the program development and improving services. Please include staff coverage for the project with an organization chart showing the location of staff for this project.

First Quarter:
Co-Occurring Disorders Evidence Based Practice Training, Dr. Kenneth Minkoff and Dr. Christie Cline – September 8, 2005 – Though this training did not occur in the first quarter of this fiscal year, it did affect the action plan the BABH PIHP developed for implementation of this EBP. Members of our Improving Practices Leadership Team and COD-IDDT leaders from 4 of our 5 CMHSPs attended this training. Many of the issues covered were consistent with the activity we have been involved in through the Co-Occurring Disorder Planning Grant. Dr. Minkoff's review of the COMPASS, CO-FIT 100 and CODECAT resulted in the PIHP altering the order that we planned to implement these system level evaluation tools. The plan revisions are reflected in this document.

Co-Occurring Mental Health and Substance Abuse Training: Integrated Dual Disorder Treatment Implementation Issues, Barriers and Strategies, Patrick Boyle – December 1 & 2, 2005 – Representatives from the PIHP IPLT and representatives from all but one CMHSP in our affiliation attended this training. Mr. Boyle did an excellent job of clarifying

the critical elements of a fully functional Integrated Dual Disorders Treatment Team and the services and supports that must be available. This training was invaluable to the PIHP in establishing criteria and a commitment from each CMHSP in the Affiliation to have one IDDT team up and running by the end of FY 2006.

Second Quarter:
Basic Principles of Integrated Treatment – Dr. Ken Minkoff, 2/9/06 – All staff from the two teams at BABH targeted to implement IDDT and representative staff from BABH Affiliates attended this training. This provided a good introduction to the basic principles of integrated treatment. Staff came away from this training having a better understanding of how their work on integrated treatment will fit into the larger system of care.

Strategic Planning and Action Steps for System Change – Dr. Christie Cline, 2/9/06 – Affiliation leaders attended this training on strategic planning for the implementation of an integrated system of care for persons with COD. Leaders had an opportunity to discuss current implementation status and receive advice from Dr. Cline on strategies to address barriers to implementation. This provided an opportunity for Affiliation leaders who attended to get a better sense of the commitment and next steps that will be required to effectively implement this EBP.

IDDT Readiness Consult with Patrick Boyle of the Ohio SAMI – COCE 3/30/06: Patrick Boyle provided an IDDT Readiness Consultation to the BABHA ACT Teams. Representatives from the PIHP IPLT and representatives from all but one CMHSP in our affiliation attended this consult. Additionally one SUD provider also attended. The consultation provided an excellent evaluation of the team's readiness for IDDT implementation. Affiliation Partners were provided insight into what preparations they need to make to participate in their initial baseline IDDT Fidelity Assessment.

Third Quarter:
Integrating Services for People with Co-Occurring Substance – Related and Mental Disorders: What Does it Really Mean to You? Dr. David Mee-Lee 4/11/06 – Staff from each of the Affiliate partners attended the first part of a two day training. Participants were able to gain a better understanding of how to develop a multi-dimensional assessment to better meet the needs of consumers with co-occurring disorders.

How to Make Integrated Services Really Work: Bringing Together the Treatment Team, Consumers, Services and Documentation 4/12/06 – The Affiliate Partner staff that attended day one of the training also attended also attended day two of this training. The focus of this training was to help align consumer directed person centered planning with the needs of consumers with co-occurring disorders.

The Science of Human Motivation: The Stages of Change Model 5/9/06 – Staff attending this training were introduced to the Stages of Change Model as developed by Prochaska & DiClemente. The Stages of Change Model is a key component of the IDDT implementation. Representation to this training included Affiliate partners and one agency that is a contracted provider of mental health services for BABHA.

Learn and Share 5/30/06 – This half day training gave opportunity for the PIHPs participating in the IDDT implementation to learn what other PIHPs are doing. Being able to share mutual experiences was helpful in assessing progress the BABHA PIHP is making in regard to IDDT Implementation.

COCE Access Technical Assistance Phone Conference Calls 4/26/06, 5/30/06, 6/20/06 – The Regional IDDT Coordinator participated in technical assistance phone conference calls with A.J. Ernst and Deb Tate of the SAMHSA COCE in Maryland. Focus of these conference calls have been on identifying the participating PIHP access to treatment

processes, developing an agreed upon work plan for the group, and initial exploration of potential COD screening tools.

Fourth Quarter:
Motivational Interviewing/Stages of Change for Administrators: 9/6/06 & 9/15/06 – Administrators and Clinical Directors/Clinical Supervisors learned of the shifts needed in services and management efforts to make a MI/SOC approach endure.

COCE Access Technical Assistance Phone Conference Calls 7/12/06 & 8/29/06 – The Regional IDDT Coordinator participated with other PIHP participants in phone consultations with COCE Consultants A.J. Ernst and Deb Tate. Dr. Ken Minkoff and Dr. Cline also participated in the 7/12/06 phone call. Work continued on developing and piloting of COD screening tools.

G. Briefly explain the barriers and issues encountered during this quarter and the action taken to address them (administrative, legal, policy, training, outcomes, funding, budget, data encounter, grievances, etc.)

There were no major barriers encountered that required intervention during this annual reporting period.

H. For projects that are at the stage of implementing COD enhanced service models, provide the following information:

1. Briefly describe the PIHP action related to data collection, fidelity and process monitoring activities to accomplish the project goal.

   N/A – The BABHA PIIHP is in the preparatory stage for IDDT and is not at the point of implementing the IDDT enhanced service model.

2. Describe the target population/program served during this quarter. Include the number of unduplicated individuals this quarter and the cumulative number of unduplicated individuals during this fiscal year. (If possible, include the demographic of diagnostic data relevant to the project's goals.)

   N/A - IDDT services, as per the EBP fidelity, are not being provided at this time.

I. Describe the PIHP financial and in-kind support utilized to support this project and status of sustainability planning. Is the project having problems with implementation/continuation with all the allocated resources? Should an amendment be initiated?

The year to date expenditure report is attached.

J. Describe the activities planned to address the project's goals and objectives for the next quarter.

The IDDT Regional Training Plan will be finalized by the ISW/AC in order to begin to provide training to clinicians and administrative staff for implementation of the IDDT in the local CMHSP's. Coordination of multi-site local MI/SOC trainings will be a significant task for the ISW/AC. Upon completion of the introductory MI/SOC trainings, advanced trainings on MI/SOC will be developed in order to create a MI/SOC train-the-trainer model. It is believed that a train-the-trainer model will help promote systems change. It

will be important that any regional training efforts continue to be coordinated with statewide trainings.

The Co-Fit 100 was completed by all CMHSP partners and initially summarized by the ISW/AC during the 4th quarter. Information from the assessment will be used to plan ways to address systems COD issues during the first quarter of year two of the IDDT Block Grant.

Efforts will continue in the identification and capturing of relevant data on individuals with co-occurring disorders who are currently served in the network. This will continue to be worked on at a regional and local level.

The Integrated Services Coordinator and PIHP Leadership will continue to participate at the state level in COD-IDDT planning sessions, meetings and technical assistance related to the implementation of the block grant.

Michigan Department of Community Health
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Improving Practices Infrastructure Development Block Grant
Co-occurring Disorder: Integrated Dual Disorders Treatment
Program Narrative
Annual Report

Reporting Period	**10/01/05 – 10/1/06**
PIHP	Community Mental Health Affiliation of Mid-Michigan
Program Title	Adult Mental Health Services
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PDA, Contract #, Federal ID	PDA#: 05B1CMHS-03 Contract#: Federal ID #: 38-6337733

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Quarterly Report

A	**Systems Transformation efforts and implementation activities of the Improving Practices Leadership Team**	The initial objective of the 1st year's activity was centered on defining the role and function of the IPLT. Determining the PIHP and CMHP organization fit related to IPLT was at the center of the activity (Appendix A, illustrates a relational diagram and description of this effort). One of the initial accomplishments of the IPLT is demonstrated in the CMHAMM IPLT Report (Appendix A)and was presented at the CMHAMM Steering Committee and approved as the process of capturing IPLT activity for CMHAMM. The report highlights multiple mental health transformation efforts at the local CMHSP and Affiliation level. Appendix A highlights the 1st year early activity. Systems transformation was also achieved with the General Organizational Index. The General Organizational Index IDDT Fidelity Based assessment tool was created by CEI and implemented within CEI and the several affiliation sites (Appendix B).
B	**System Change process activities related to the integration of Mental Health services and Substance Disorder services and the Impact of this Evidence-Based Practice process on creating system change.**	**Narrative**: System Activity Featured: 1. Baseline Assessment of current Mental Health and Substance Abuse services delivery systems at all CMHAMM affiliate members (Appendix B, provides the format of the baseline assessment). 2. Integration of Substance Abuse providers to the CEI-CMHA local workgroup

		The focus of the initial year from a system change perspective was to conduct a gap analysis affiliation wide between the COD-IDDT EBP fidelity scale and each CMHSP existing structure and process. In addition, continued collaboration with other PIHP's to gain insight to additional system change process and barriers occurred. **Affiliation wide activity included (but not limited to) the following:** 1. **10/3/05** Michael Brashears Psy.D. and Darren Lubbers Ph.D. held strategic planning meeting regarding integrated treatment. 2. **10/4/05** Darren Lubbers Ph.D. met with CEI Bridges crisis unit coordinator regarding historical dual disorder progress at CEI 3. **10/7/05** QI meeting at CEI with project leaders, Michael Brashears Psy.D. and Darren Lubbers Ph.D. 4. **10/11/05** CEI Dual Disorder workbook meeting 5. **10/11/05** Darren Lubbers attends the MDCH Dual Disorder meeting 6. **10/14/05** Michael Brashears Psy.D. and Darren Lubbers Ph.D. met regarding Dual Disorder strategic planning. 7. **10/18/05** Darren Lubbers Ph.D. attended the MDCH IDDT measurement workgroup. 8. **10/20/05** CEI conducted an IDDT core-workgroup meeting.

		9. **10/20/05** Michael Brashears Psy.D. and Darren Lubbers Ph.D. held an IDDT strategic planning meeting. 10. **10/27/05** Affiliation and CEI Directors meeting. Michael Brashears Psy.D. presented the Dual Disorder project project to the directors. 11. **10/28/05** Michael Brashears Psy.D. and Darren Lubbers Ph.D. met and conducted an IDDT strategic planning meeting. 12. **11/2/05** Michael Brashears Psy.D. and Darren Lubbers Ph.D. conducted an IDDT strategic planning meeting. 13. **11/2/05** Affiliation Core group meeting held at Gratiot CMH. 14. **11/2/05** CEI Dual Disorder Book review group meeting. 15. **11/8/05** Darren Lubbers Ph.D. attended the MDCH Dual Disorder meeting. 16. **11/17/05** Michael Brashears Psy.D. and Darren Lubbers Ph.D. held an IDDT strategic planning meeting. 17. **11/17/05** Michael Brashears Psy.D. presented IDDT progress at the CEI Board Meeting. 18. **12/1/06** CEI Project Leaders and Administrators attend the Patrick

		Boyle Conference. 19. **12/2/06** CEI Project Leaders and Administrators attend the Patrick Boyle Conference . 20. **12/8/05** Michael Brashears Psy.D. and Darren Lubbers Ph.D. held an IDDT strategic planning meeting. 21. **12/13/05** CEI Dual Disorder workbook meeting. 22. 12/13/05 Darren Lubbers Ph.D. attended the MDCH Dual Disorder meeting. 23. **12/15/05** Michael Brashears Psy.D. and Darren Lubbers Ph.D. conducted an IDDT strategic planning meeting. 24. **12/19/05** Darren Lubbers Ph.D. met with Ionia county CMH and conducted an introduction to Dual Disorder strategic planning and work plan development meeting. 25. **12/20/05** Darren Lubbers Ph.D. engaged in a conference call meeting with Network 180. 26. **12/21/05** Darren Lubbers Ph.D. met with Gratiot county CMH and conducted an introduction to Dual Disorder strategic planning and work plan development meeting. 27. **12/22/05** Michael Brashears Psy.D. and Darren Lubbers Ph.D. held an IDDT strategic planning meeting.

28. **1/4/06** Affiliation Core Group Meeting: focused on the adoption of the IPLT process (see Appendix A).

29. **1/17/06** Met with Network 180 in Grand Rapids to start the preparation for our Learn & Share Meeting at MDCH.

30. **1/19/06** Held a Dual Disorder meeting at the CEI atrium with Network 180, Oakland County CMH, and Venture. The presenters were Drs. Cline and Minkoff.

31. **1/24/06** Conference call with IDDT Fidelity Trainers coordinated by MDCH.

32. **2/21/06** MDCH IDDT all day meeting.

33. **3/23/06 Patrick Boyle fidelity training (two-days).**

34. The development of the COD-IDDT Fidelity Structure-Process-Outcome Assessment tool (SPOA) (Appendix B).

35. The utilization of the COD-IDDT SPOA (Appendix B) affiliation wide.

36. **4/20/06 Newaygo Affiliation** Darren Lubbers Ph.D. met with Adult Mental Health Services Program Leaders regarding IDDT Treatment capacity and Organizational transformation capacity. Met with the Access department regarding Screening and Assessment also conducted.

37. **4/24/06** Darren Lubbers Ph.D. met with CEI Screening and Assessment services to determine IDDT structural and process capacity to implement IDDT services.

38. **4/26/06** Darren Lubbers Ph.D. met with CEI Charter House to determine IDDT structural and process capacity to implement IDDT services.

39. **4/26/06** Darren Lubbers Ph.D. met with CEI Older Adult Services coordinator to determine IDDT structural and process capacity to implement IDDT services.

40. **5/3/06** Darren Lubbers Ph.D. met with CEI Bridges Residential Crisis Unit coordinator to determine IDDT structural and process capacity to implement IDDT services.

41. **5/3/06** Darren Lubbers Ph.D. met with CEI Case Management coordinators to determine IDDT structural and process capacity to implement IDDT services.

42. **5/4/06** Darren Lubbers Ph.D. met with CEI Residential Services coordinator and staff to determine IDDT structural and process capacity to implement IDDT services.

43. **5/9/06** Darren Lubbers Ph.D. met with CEI IDDT Dual Disorder workbook group.

44. **5/9/06** Darren Lubbers Ph.D. met with CEI Bridges Crisis Unit coordinator to plan staff IDDT meeting.

45. **5/10/06** Darren Lubbers Ph.D. IDDT presentation with CEI Bridges Crisis Unit staff.

46. **5/12/06** Darren Lubbers Ph.D. IDDT MIFAST meeting.

47. **5/16 & 5/17 06** Darren Lubbers Ph.D. attended the Ohio SAMI Program Leader training.

48. **5/19/06** Darren Lubbers Ph.D. attended the CEI Q1 meeting via phone conference call.

49. **5/22/06** Michael Brashears Psy.D. and Darren Lubbers Ph.D. met to review our IDDT presentation at the MDCH annual Spring conference.

50. **5/23/06** Michael Brashears Psy.D. and Darren Lubbers Ph.D. present the systems and treatment change transformation of an Evidence based Model with specific emphasis on the IDDT model at the annual MDCH Spring conference in Dearborn, MI. (Attachment G)

51. **5/24/06** Darren Lubbers Ph.D. met with CEI ACT coordinator to determine IDDT structural and process capacity to implement IDDT services.

52. **5/30/06** MDCH Learn & Share Meeting

53. **6/2/06** Darren Lubbers Ph.D. met with CEI Outreach coordinator to determine IDDT structural and process capacity to implement IDDT services.

54. **6/12/06** Darren Lubbers Ph.D. attended the MDCH IDDT Measurement Meeting

55. **6/13/06** CEI Dual Disorder book review workgroup meeting

56. **6/16/06** CEI IDDT workgroup meeting

57. **6/21/06** Michael Brashears Psy.D. and Darren Lubbers Ph.D. IDDT planning and review meeting

58. **6/23/06** Darren Lubbers Ph.D. attends the MIFAST fidelity team meeting

59. **6/28/0606** Darren Lubbers Ph.D. attends the MIFAST fidelity substance

use training with Wayne State faculty

60. **6/29/06** Darren Lubbers Ph.D. attends the MIFAST fidelity meeting with Stages of Change and Motivational Interviewing training

61. **6/30/06** Darren Lubbers Ph.D. attends the MIFAST fidelity meeting with Stages of Change, Motivational Interviewing training, and fidelity substance use training.

62. **7/7/06** Michael Brashears Psy.D. and Darren Lubbers Ph.D. IDDT planning and review meeting

63. **7/14/06 Manistee Affiliation** Darren Lubbers Ph.D. met with Manistee Program Leaders regarding IDDT Treatment capacity and Organizational transformation capacity.

64. **7/24/06 Newaygo Affiliation** Darren Lubbers Ph.D. met with Adult Mental Health Services Program Leaders regarding IDDT Treatment capacity and Organizational transformation capacity.

65. **7/28/06** Darren Lubbers Ph.D. met with MIFAST (MDCH IDDT Fidelity Review Team)

66. **8/15/06** CEI IDDT administration team met with Michael Clark MSW regarding hiring him for Stages of Change and Motivational Interviewing Training for CEI and the Affiliation sites.

67. **8/16/06** Darren Lubbers Ph.D. met with Clinton County coordinator regarding IDDT Treatment capacity and Organizational transformation capacity.

68. **8/21/06** Darren Lubbers Ph.D. met with Gratiot County Director and coordinator regarding IDDT Treatment capacity and Organizational transformation capacity.

69. **8/23/06** Michael Brashears Psy.D. and Darren Lubbers Ph.D. met

		regarding IDDT in-service training for clinical and direct staff. 70. **8/25/06** Darren Lubbers Ph.D. met with MIFAST (MDCH IDDT Fidelity Review Team). 71. **8/25/06** Darren Lubbers Ph.D. met with Eaton County coordinator and counselor regarding IDDT Treatment capacity and Organizational transformation capacity. 72. **8/29/06** Darren Lubbers Ph.D. met with the MDCH Dual Disorder Measurement workgroup 73. **8/29/06** Darren Lubbers Ph.D. conference call with Clinton County coordinator to complete the IDDT treatment fidelity scale. 74. **9/6/06** Darren Lubbers Ph.D. conducted a 4 hour IDDT staff training at the CEI Atrium (See PowerPoint attachment D) 75. **9/7/06** Darren Lubbers Ph.D. conducted a 4 hour IDDT staff training at the CEI Atrium (See PowerPoint attachment D) 76. **9/8/06 Manistee Affiliation** Darren Lubbers Ph.D. met with Manistee Program Leaders regarding IDDT Treatment capacity and Organizational transformation capacity. 77. **9/12/06** Darren Lubbers Ph.D. conducted a 4 hour IDDT staff training at the CEI Atrium (See PowerPoint attachment D) 78. **9/13/06** Darren Lubbers Ph.D. conducted a 4 hour IDDT staff training at the CEI Atrium (See PowerPoint attachment D) 79. **9/14/06** Darren Lubbers Ph.D. shadowed an IDDT fidelity review in Ohio with Deb Myers from SAMI 80. **9/15/06** Michael Brashears, Psy.D., Darren Lubbers Ph.D. and Judi Cates RN, MA met with Tison Thomas and Patty Deaghan from

		MDCH regarding CEI and Affiliation IDDT progress 81. **9/19/06 CEI IDDT Core group meeting** 82. **9/22/06** Darren Lubbers Ph.D. met with MIFAST (MDCH IDDT Fidelity Review Team). 83. **9/26/06 and 9/27/06** Darren Lubbers Ph.D.attended the Ohio SAMI conference. 84. **9/28/06** Darren Lubbers Ph.D. participated in the SAMI IDDT fidelity review conference call 85. **9/29/06** Darren Lubbers Ph.D. conducted a 4 hour IDDT staff training in Gratiot county (See attachment D)
C	**Milestones and changes**	**Narrative:** One of the first year achievements was the completion of the newly developed COD-IDDT SPOA tool (see description in section B of this report and Attachment B). At both the affiliation and local CMHSP level a move to developing local work plans to identify barriers and solutions for COD-IDDT fidelity scale criteria was initiated. The 1st year milestones were achieved through IDDT meetings, trainings, program and systemic assessments and analysis. 1. The development of five COD-IIDT local workgroup spanning eight counties 2. Attending and participation in multiple MDCH strategic meetings clarifying COD-IDDT grant requirements. 3. Formation of IPLT at the PIHP and Local affiliate level 4. Baseline Assessment of current Mental Health and Substance Abuse services delivery at all CMHAMM affiliate members (Appendix B, provides the

		format of the baseline assessment). 5. Attendance and membership at MDCH technical support activities (Patrick Boyle presentation, and all MDCH COD-IDDT statewide committees). 6. Obtaining Board support for COD-IDDT project via presentation of COD-IDDT goals and objectives at the CEI-CMHA Board of Directors Program and Planning Committee, Finance Committee, and full board. 7. Presentation and approval of COD-IDDT goals and objectives at the CMHAMM core leadership group (group attended by CMHAMM affiliate executive directors, finance directors, and compliance officers). 8. Development of a staff orientation program to Evidence Based Practice and COD-IDDT initiatives (Appendix C & D), provides a copy of these presentations) 9. Implementation of staff orientation to Evidence Based Practices and COD-IDDT trainings (eight counties- over 300 employees.) Appendix E provides a copy of the attendance log for several of these trainings, highlighting the multidisciplinary nature of the trainees.

D	**Consensus building and collaborative services efforts with other systems and agencies**	**1/17/06** Met with Network 180 in Grand Rapids to start the preparation for our Learn & Share Meeting at MDCH. **1/19/06** Held a Dual Disorder meeting at the CEI atrium with Network 180, Oakland County CMH, and Venture. The presenters were Drs. Cline and Minkoff. **3/23/06:** Meeting with Mark Louis (Oakland CMH) **5/12/06** Darren Lubbers Ph.D. IDDT MIFAST meeting. **5/16 & 5/17 06** Darren Lubbers Ph.D. attended the Ohio SAMI Program Leader training. **5/23/06** Michael Brashears Psy.D. and Darren Lubbers Ph.D. present the systems and treatment change transformation of an Evidence based Model with specific emphasis on the IDDT model at the annual MDCH Spring conference in Dearborn, MI. (See PowerPoint attachment B) **5/30/06** MDCH Learn & Share Meeting **6/12/06** Darren Lubbers Ph.D. attended the MDCH IDDT Measurement Meeting **6/23/06** Darren Lubbers Ph.D. attends the MIFAST fidelity team meeting **6/28/0606** Darren Lubbers Ph.D. attends the MIFAST fidelity substance use training with Wayne State faculty **6/29/06** Darren Lubbers Ph.D. attends the MIFAST fidelity meeting with Stages of Change and Motivational Interviewing training **6/30/06** Darren Lubbers Ph.D. attends the MIFAST fidelity meeting with Stages of Change, Motivational Interviewing training, and fidelity substance use training.

		7/14/06 Manistee Affiliation Darren Lubbers Ph.D. met with Manistee Program Leaders regarding IDDT Treatment capacity and Organizational transformation capacity. **7/24/06 Newaygo Affiliation** Darren Lubbers Ph.D. met with Adult Mental Health Services Program Leaders regarding IDDT Treatment capacity and Organizational transformation capacity. **7/28/06** Darren Lubbers Ph.D. met with MIFAST (MDCH IDDT Fidelity Review Team) **8/16/06** Darren Lubbers Ph.D. met with Clinton County coordinator regarding IDDT Treatment capacity and Organizational transformation capacity. **8/21/06** Darren Lubbers Ph.D. met with Gratiot County Director and coordinator regarding IDDT Treatment capacity and Organizational transformation capacity. **8/25/06** Darren Lubbers Ph.D. met with Eaton County coordinator and counselor regarding IDDT Treatment capacity and Organizational transformation capacity. **8/29/06** Darren Lubbers Ph.D. met with the MDCH Dual Disorder Measurement workgroup. **9/8/06 Manistee Affiliation** Darren Lubbers Ph.D. met with Manistee Program Leaders regarding IDDT Treatment capacity and Organizational transformation capacity. **9/14/06** Darren Lubbers Ph.D. shadowed an IDDT fidelity review in Ohio with Deb Myers from SAMI **9/15/06** Michael Brashears, Psy.D., Darren Lubbers Ph.D. and Judi Cates RN, MA met with Tison Thomas and Patty Deaghan from MDCH regarding CEI and Affiliation IDDT progress

		9/22/06 Darren Lubbers Ph.D. met with MIFAST (MDCH IDDT Fidelity Review Team). **9/26/06 and 9/27/06** Darren Lubbers Ph.D. attended the Ohio SAMI conference. **9/28/06** Darren Lubbers Ph.D. participated in the SAMI IDDT fidelity review conference call
E	**Work plan progress:**	See Appendix F

F	**Staff training and technical assistance** **(Explain how these will be utilized for the program development and improving practices. Please indicate staff coverage for the project with an organizational chart showing the location of the staff for this project.)**	**12/1/06** CEI Project Leaders and Administrators attend the Patrick Boyle Conference. *12/2/06* CEI Project Leaders and Administrators attend the Patrick Boyle Conference. *1/19/06* Held a Dual Disorder meeting at the CEI atrium with Network *180*, Oakland County CMH, and Venture. The presenters were Drs. Cline and Minkoff. **3/23/06 Patrick Boyle fidelity training (two-days)** **3/23/06 Patrick Boyle fidelity training (two-days).** **5/17/06** Michel Brashears Psy.D conducted Introduction to Evidence Based Practice (CEI-CMH) **5/18/06** Michel Brashears Psy.D conducted Introduction to Evidence Based Practice (CEI-CMH) **5/19/06** Michel Brashears Psy.D conducted Introduction to Evidence Based Practice (CEI-CMH) **5/23/06** Michael Brashears Psy.D. and Darren Lubbers Ph.D. present the systems and treatment change transformation of an Evidence based Model with specific emphasis on the IDDT model at the annual MDCH Spring conference in Dearborn, MI. (Appendix G) **6/20/06** Michel Brashears Psy.D conducted Introduction to Evidence Based Practice (CEI-CMH) **6/21/06** Michel Brashears Psy.D conducted Introduction to Evidence Based Practice (CEI-CMH)

		6/28/06 Darren Lubbers Ph.D. attends the MIFAST fidelity substance use training with Wayne State faculty **6/29/06** Darren Lubbers Ph.D. attends the MIFAST fidelity meeting with Stages of Change and Motivational Interviewing training **6/30/06** Darren Lubbers Ph.D. attends the MIFAST fidelity meeting with Stages of Change, Motivational Interviewing training, and fidelity substance use training. **9/6/06** Darren Lubbers Ph.D. conducted a 4 hour IDDT staff training at the CEI Atrium **9/7/06** Darren Lubbers Ph.D. conducted a 4 hour IDDT staff training at the CEI Atrium **9/13/06** Darren Lubbers Ph.D. conducted a 4 hour IDDT staff training at the CEI Atrium **9/29/06** Darren Lubbers Ph.D. conducted a 4 hour IDDT staff training in Gratiot county (See attachment 1st Year training focused on a affiliation wide orientation of the COD-IDDT fidelity scale and the newly developed COD-IDDT SPOA (Appendix B). All CMHSP's are currently in the process of identifying COD-IDDT training needs and an analysis of training needs associated with COD-IDDT affiliation wide, will be included in the next quarterly report.
G	**Barriers and issues encountered (Also include action taken to address them)**	**Narrative:** Barriers encountered: 1. Clarification of grant requirements 2. Role of SA coordinating agency participating in COD-IDDT planning and implementation.

		Action: Obtain clarification from MDCH related to items one and two above. Barrier identification is still ongoing and at this time continues to focus on clarifying key terms and concepts found in the COD-IDDT fidelity scale. This quarters identified barriers include: 1. The development and training of substance abuse specialist to ensure substance abuse specialists participation in all COD-IDDT team development 2. Clarification of the operational definitions of key program requirements found in the COD-IDDT Fidelity Scale such as: ACT, Supportive Employment, Family Psycho-education, and Illness & Recovery management. It is unclear if COD-IDDT programs can utilize existing program models or must conform to SAMHSA EBP definitions of the above mentioned program elements. **Plan to Resolve Barriers:** Dr. Darren Lubbers consulted with Patrick Boyle to obtain clarification of the above, and will present findings at all CMHSP local workgroup meetings this quarter.

H	**COD implementations status (Only for PIHP's at the implementing Stage**	**N/A**
I	**PIHP financial and in-kind support (Is the program having problems with implementation/continuation, should an amendment be initiated?)**	**N/A**
J.	**Describe the activities planned to address the project's goals and objectives for the next quarter.**	

1. **Clear Description of Actual Project Outcomes-One of the primary Year 1 project outcomes included a structure-process-outcome analysis of Adult Mental Health Services Programs. We were able to determine specific training and systems change needs based upon the qualitative analysis of the program leader responses to the Structure-Process – Outcome Fidelity Scale tool created at CEI The following Fidelity scale results reflect the general qualitative responses of multiple programs and multiple counties.**

Michigan Department of Community Health
Mental Health and Substance Abuse Services Administration
Improving Practices Infrastructure Development Grant
Co-occurring Disorder: Integrated Dual Disorders Treatment
Program Narrative
Quarterly Report

Report Period: July 1 – September 30, 2006
PIHP: Kalamazoo CMHSAS dba Southwest Affiliation (KCMHSAS)
Program Title: Integrated Dual Disorder Treatment (IDDT)
Executive Director: Jeff Patton
Address: 3299 Gull Rd., P.O. Box 63 Nazareth, MI 49074
Coutact Person: Jennifer Harrison, LMSW, ACSW IDDT Coordinator
Phone: (269) 553-8014 (direct) (269) 553-8000 (administration main)
PCA#: **Contract #:** **Federal ID:** 38-3313413

The Southwest Affiliation of Allegan, Cass, Kalamazoo, and St. Joseph Counties is committed to aggressively transforming our system of administration and care delivery to one focused on the expectation of co-occurring disorders (CODs), effective and efficient consumer identification and referral, and the full implementation of models of care including Integrated Dual Disorder Treatment (IDDT) in high fidelity programs for the most vulnerable consumers. The Affiliate continues to focus on groundwork aetivities while at the same time moving forward with IDDT readiness in several settings throughout the PIHP.

A. System Transformation Efforts

- Development of prospective action plan items based upon the CO-FIT completion for the PIHP (to be reviewed by the IPLT October)
- Participation as a demonstration site in Co-Occurring Center of Excellence (CCOE) technical assistance to improve screening processes for COD
- Involvement in vision-planning group (along with Peer Support Specialists) for crisis stabilization and emergency services that are dual disorder capable and do not contain arbitrary limits to access, admission, or services based upon illness or readiness to change

B. System Change Process Activities

- Proposed policy change regarding emergency assessment changing practice related to not assessing consumers until below the legal blood alcohol limit (.08) to behavioral indicators of "conscience, coherant, and cooperative"
- Training offerings intentionally targeted toward peer and non-peer staff , as well as clinical and non-clinical staff in development and execution of training plan
- Consultation July 2006 with Dr. Chris Cline related to moving forward on system change initiatives

C. Milestones Achieved

- 3 self-identified COD peers certified as Peer Support Specialists September 2006; 5 additional peers (3 self-identified as COD) passed certification exam and will be certified in Fall 2006
- Key role in efforts to provide added services to MiFAST team to allow consultation and technical assistance as follow-on services to fidelity assessment within Michigan

- Received MDCH Block Grant for Recovery Enterprises/Recovery Institute which will allow the hiring of 4 peers and provide services to COD peers at a local homeless outreach ministry, the operationalization of the Recovery Institute including a peer director role, and a Recovery Shoppe retail store featuring books, art, microenterprises goods, and coffee staffed exclusively by peers working in a co-op employment model
- Sharing of training and consultation resource with adjacent PIHP, Venture Behavioral Health
- Development and availability of a COD:IDDT resource library for use throughout the PIHP

D. Consensus Building

- Consensus of KCMHSAS medical staff about 1) utilization of Client Benzodiazepine Agreement, 2) piloting of DALI-14 in medication clinic for all new consumers, and 3) training and registration of KCMHSAS medical staff to be Suboxone providers by March 2007
- Consensus achieved among vision-planning group regarding need for crisis and emergency services to be capable or recognizing and treating individuals with single or multiple illnesses
- Agreement of Access leadership to be a demonstration site for COCE TA
- Introduction and consensus building around effective COD treatment and peer recovery services to criminal justice providers (KPEP, Office of Community Corrections, Michigan Prisoner Reentry Initiative, probation and parole), and consensus around recognition of Dual Recovery Anonymous as a valid 12-step meetings for court mandated attendees

E. Utilization of Systems Assessments Update

- Based upon results of CO-FIT and comparison with first administration, recommendation of action plan items to IPLT
- Use of IDDT Implementation Guide to provide readiness consultation to local provider team (Douglass Community Association) to determine next steps toward evaluating readiness and pros/cons of implementation of IDDT

F. Training and Technical Assistance

- Participation of 35 SW Affiliation staff in David Mee-Lee training on Screening, Assessment, and treatment of COD in July and August 2006 (sponsored by Venture behavioral Health)
- Participation of 8 staff throughout the PIHP in Ohio SAMI CCOE Annual Conference September 2006 (5 clinical and 3 peer staff)
- Planning , advertisement, and curriculum development with Ohio SAMI CCOE in introductory training and skill building of community stakeholders, peer, and clinical staff in IDDT model, stage-wise treatment, strategies for engagement and persuasion, and interventions for groups and families October 19th and November 14th with Deborah Myers (130 attendees to October 19th event)
- Welcoming training with non-clinical staff at St. Joseph Community Mental Health September 2006

G. Barriers to Implementation

- Lapse in Allegan ACT Team Leader from May - October 2006 (Karen Feaster hired October 2006)
- Information system's dissimilarities (Carenet and CMS). New integrated system in development with plans to launch Phase 1 October 2007; until then changing current programming is difficult and cost prohibitive
- Visibility of Certified Peer Support Specialists in Kalamazoo; they are so extraordinary that they are in tremendous demand to provide assistance to other systems; this makes peer efforts in SW Michigan difficult to maintain consistently

H. Implementing Enhanced Service Model

- Baseline fidelity assessment completion by SAMM team at InterAct of Michigan. Report completed October 2006 with proposal to implement IDDT in ACT team pending

I. Financial Support and Sustainability Planning

- Substance Abuse PA2 funding continues to be available this FY as a non-required local match to support IDDT and system transformation activities
- Discussions regarding assuring system change and EBP implementation following grant period end on-going
- Plans to re-submit SAMHSA Peer-to-Peer Recovery Community Services grant application to provide funding for a peer recovery agency to serve individuals with single or dual disorders in Kalamazoo

J. Next Quarter Activities

- Leadership role in October Learn and Share for COD:IDDT Subcommittee
- Further development of consultative role with MiFAST
- Readiness assessment of Allegan ACT team for IDDT baseline fidelity
- Finalization of plan to develop crisis stabilization and emergency services which are dual disorder capable
- Initiation of 2 Performance Improvement Teams on system change initiatives resulting from CO-FIT

Michigan Department of Community health
Mental Health and Substance Abuse Administration
Improving Practices Infrastructure Development Block Grant
Co-Occurring Disorder: Integrated Dual Disorders Treatment
Program Narrative
Quarterly Report

Report period:	July 1, 2006 to September 30, 2006	
PIHP:	Macomb County Community Mental Health (MCCMH)	
Program Title:		
Executive Director:	Donald I . Habkirk	
Address:	10 North Main, County Building - 5th Floor, Mt. Clemens, MI 48043	
Contact Person:	Robert Slaine, Deputy Director	
Phone: 586-469-****	Fax 586-469-7674	E-mail: bob.slaine@mccmh.net
PCA#:	Contract #:	Federal ID:

A Briefly summarize the Systems Transformation efforts and implementation activities of the Improving Practice Leadership Team

- The IPL Team has been meeting on a semi-monthly basis to address a variety of issues, including the IDDT_COD EBP initiative, physical health care monitoring and coordination, peer support training and development, self-determination implementation, etc.

B) Briefly describe the Systems Change process activities during this quarter related to the integration of Mental health and Substance Disorder services and the impact of the EBP process on creating systems change.

- Members of the IPL continue to attend on-going state-wide training sessions and committee meeting associated with the implementation of the IDDT COD EBP
- The IDDT COD EBP developed a statement of basic principles and values that will guide the implementation of the COD initiative.
- MCCMH leadership endorsed statement of basic principles and values and it has been distributed to both internal and external provider organizations.
- MCCMH staff have been on-going participants in the Network 180 grant with COCE regarding screening and assessment. The IPL reviewed the progress of this initiative and endorsed the participation of MCCMH as a pilot site for implementation of key elements of the process. MCCMH had earlier volunteered to pilot particular screening instruments that were being discussed in the Measurement Sub-committee of the IDDT statewide initiative, but with a recognition that there may be multiple tools for screening and assessment, this has given way to a focus on the screening and assessment process rather than the content.

C. Briefly describe the changes that have occurred and milestones achieved in the last quarter. Attach the products developed.

- See item B above.

D) Briefly summarize consensus building and collaborative service efforts with other systems and agencies that have taken place during this quarter.

- The close working relationship between MCCMH and MCOSA leadership teams contributes to and is supported by the focus on implementation of the IDDT-COD.
- Meetings between leadership staff of MCCMH and of Macomb DHS, Macomb ISD, and Macomb Juvenile Court/Juvenile Justice Center, the Macomb Prisoner Re-entry Initiative

community team, and the Macomb Homeless Coalition have included discussion of the SAMHSA IDDT and how the implementation of the EBP would both assist and be aided by each of these other organizations.

E) Briefly describe the progress of each of the Co-occurring Disorder project goals and objectives of this quarter (Quarter 4). Include an update on systems assessment utilizing the Co-Fit or COMPASS, development of action plans on the self-assessment, and progress on action plans. Please attach initial work plan based on this assessment and amendments, if any, for each of the quarters.

1) MCCMH / MCOSA participate in DCH IDDT workgroups and Policy Academy workgroups
   - MCCMH and MCOSA staff continue to participate in state-level meeting regardiing the initiative, including "learn and share" and sub-committee meetings. MCCMH is an on-going participant in the COCE project spearheaded by Network 180.

2) MCCMH and MCOSA convene meetings with other stakeholders including Substance Abuse Coordinating Agency providers to address co-occurring disorders..
   - MCCMH and MCOSA representative meet regularly in the IPL and separately. Meetings involve development and implementation of training sessions and the nurturance of providers for the co-occurring initiative.

3) Individuals entering the mental health system, or receiving ongoing services, are routinely screened for co-occurring substance disorders.
   - MCCMH implemented a new Electronic Medical Record (EMR) on October 1, 2006. Included in this EMR are standardized assessment tools for substance use disorders (e.g., the UNCOPE, table of use and quantity, physical complications). Future work will take place to better locate these instruments in the EMR, establish a procedure for standard use, and develop a tracking mechanism for the results of the screening. A sub-committee of the IPL has initiated meetings to focus on initial screening and welcoming. This sub-committee includes representatives of the MCCMH Access Center (for Behavioral Health) and of CARE, the screening and referral center for MCOSA. The goal is to coordinate screening and referral mechanisms for co-occurring disorders across the behavioral health and substance abuse systems and between the different information systems used by each system.

4) MCCMH arranges for the completion of the General Organizational Index (GOI) and the IDDT Fidelity Tool to measure implementation of the IDDT model.
   - Meetings with providers who will implement the IDDT SAMHSA "toolkit" model are nearing completion, but the providers are not yet ready to initiate service delivery. Fidelity measurement will be scheduled as these providers begin to deliver the integrated service model.

F) Briefly describe staff training and technical assistance obtained during this quarter. Explain how these will be utilized for the for program development and improving services. Please include staff coverage for the project with an organization chart showing the location of staff for this project.
   - An overview of the IDDT initiative for staff of provider agencies was repeated in September of this year.
   - This overview was delivered with training regarding the basic structure of the CMH and MCOSA systems and the implications for screening and assessment.

G) Briefly describe the barriers and issues encountered during this quarter and the action taken to address them (administrative, legal, policy, training, outcomes, funding, budget, data encounter, grievances, etc.)
   - Discussion in state-level and local workgroups regarding screening and assessment has

been circuitous due to the debates in those groups regarding the best methods to proceed. The shift in focus from screening instrument to screening process has been helpful in reducing anxiety and tension among local providers about the implications of the need for screening and assessment. Discussions regarding screening instruments was helpful in preparing for current discussion about the screening tool (UNCOPE) built into the new Electronic Clinical Record being implemented by MCCMH..

H) For projects that are at the stage of implementing COD enhanced service models, provide the following information.

1) Briefly describe the PIHP action related to data collection, fidelity, and process monitoring activities to accomplish the project goal
   - Providers are currently planning for implementation of the IDDT tool-kit models and are preparing for fidelity adherence.

2) Describe the target population / program served during this quarter. Include the number of unduplicated individuals this quarter and the cumulative number of unduplicated individuals during the fiscal year. (If possible, include the demographic of diagnostic data relevant to the project's goals).
   - MCCMH is in the initial process of implementation of the IDDT COD EBP and is not yet ready to identity consumers served according to the guidelines of that EBP.

I) Describe PIHP financial and in-kind support utilized to support this project and status of sustainability planning. Is the project having problems with implementation / continuation with all the allocated resources. Should an amendment be initiated?
   - Substantial time and travel commitments for leading staff have been assumed by MCCMH in this initial quarter.
   - The plan is to request a carry-over of funds from year one to year two of the initiative.

J) Describe the activities planned to address the project's goals and objectives for the next quarter.
   - Initiation of the IDDT EBP COD by four provider agencies on the MCCMH Behavioral Health provider panel. Meetings with these providers will continue on a regular basis to ensure resolution of issues regarding implementation and to clarify the sequence of training that will be most helpful to these participants.
   - Continued participation in the COCE project regarding screening and assessment. This will include continuation of an IPL Sub-group (including the MCCMH Access Center and the MCOSA screening center) on screening procedures. There will also be further development of the screening tools built into the new Electronic Medical Record currently being implemented.
   - Dr. Mee-Lee is schedule to provide day-long training to provider agencies from both the behavioral health and substance abuse provider panels regarding integrated services, welcoming, screening and assessment, and treatment planning.
   - Training on Motivational Interviewing will be delivered within Macomb County for supervisors and line staff of agencies on both the behavioral health and substance abuse provider panels.
   - A day-long consultation of MCCMH staff with Dr. Cline is being planned for late November.

Michigan Department of Community Health
Mental Health and Substance Abuse Administration
Improving Practices Infrastructure Development Block Grant
Co-Occurring Disorder: Integrated Dual Disorders Treatment
Program Narrative
Quarterly Report/ Annual

Report Period: July –September 2006/ Annual
PIHP: Lakeshore Behavioral Health Alliance
Program Title: Integrated Dual Disorders Treatment
Executive Director: James Elwell
Address: 376 Apple Ave., Muskegon, Michigan 49442
Contact person: Glenn Eaton
Phone: 231-724-1106 Fax: 231-724-1300 e-mail: eatong@cmhs.co.muskegon.mi.us
PCA # 20708 Contract # 20061244 Federal ID # 38-6006063

A. Briefly summarize the Systems Transformation efforts and implementation activities of the Improving Practices Leadership team.

The Improving Practices Leadership Team (IPLT) continues to meet monthly and oversees the implementation of five Evidence Based Practices: Family Psychoeducation, Integrated Dual Diagnosis Treatment, Parent Management Training, Recovery/WRAP, and Jail Diversion. In addition, it reviews reports from IPLT members serving on the state-wide Recovery Council and DD Practice Improvement Team. IPLT leaders have attended the DCH conferences regarding systems transformation in February and March. In addition, representatives from the IPLT attended a pre-conference seminar on Process Benchmarking and intend to participate in the Process Benchmarking workgroup. The IPLT discussed the Federal and State vision for a transformed mental health system at its February and March meetings. Proposed values, principles, and practices of a transformed mental health system have been drafted. The recommended elements of systems transformation have been presented to the PIHP senior management team. The IPLT has been focusing on identifying and implementing structural changes within our agencies that are necessary for incorporating recovery principles into all levels of day to day operations. In addition, efforts are being made to increase the involvement of senior management from both CMHs in the system transformation process.

B. Briefly describe the Systems Change process activities during this quarter related to the integration of Mental Health and Substance Disorder services and the impact of this Evidence –Based Practice process on creating systems change.

During this quarter numerous activities contributed to PIHP efforts to improve services and system response to dually diagnosed consumers. Some of the highlights:

1. Continued work on a CCISC document during this quarter resulted in drafts #3 and #4 being developed, with seriously evolving discussion amongst CMH staff and stakeholders.
2. Dr. Mee Lee presented at a day long conference for staff and stakeholders, increasing staff understanding of stages of change, motivational interviewing and treatment planning. All staff were given the TIP 35 and KAP keys for clinicians.
3. Internal Muskegon and Ottawa CMH clinical work groups began focusing on improved processes of assessment, welcoming and program structure.
4. Both County CMH clinical work groups began more clearly identifying the numbers of consumers assessed with dual diagnosis disorders.
5. The PIHP steering committee began to develop plans for program change including a "Discovery" (pre-contemplative) Group.
6. A more detailed action plan based on the January COMPASS was developed.
7. PIHP steering team representatives have been serving on community work groups and coordinating efforts with jail diversion and supported housing projects.
8. The Ottawa CMH clinical work group is leading staff efforts to design service delivery to meet consumer need.
9. PIHP steering committee leadership are working on program improvements and staff training plans, to improve staff capability to diagnosis and provide appropriate treatment planning for consumers with both mental illness and substance use disorders.

C. Briefly describe the changes that have occurred and milestones achieved in the last quarter. Attach the products developed.

Attached please see the four drafts of the CCISC documents. Also attached is a draft of suggested improvements to the Muskegon assessment tool (which is still being reviewed). Two Muskegon County CMH work groups have been addressing the following goals:

1. **Clinical work group**: Supervisors are meeting to develop improved clinical supervision processes, address staff competence and improve treatment planning. Numerous staff have attended trainings during August and September on motivational interviewing, dual diagnosis and treatment planning. A revised assessment and PCP review tool have been recommended, which are more strength based and include dual disorder assessment criteria.

2. **Treatment work group**: Three staff who provide treatment for dual consumers and two recovering consumers have been meeting to explore the start up of a Discovery, (pre-contemplative) Group. Currently programming is fragmented and consumers are referred to one primary group, with clients at mixed levels of treatment need and awareness. The work group would like to move services forward to be more stage appropriate, and develop expanded treatment options.

Ottawa County CMH has nine staff trained at the CAC level and support clinical treatment with a monthly clinical work group and case discussion.

Additional Training to increase competence

Additionally, numerous staff from both counties attended many trainings to enhance leadership competence, during this period. Staff attended:
1. Patrick Boyle training on IDDT development: (Jane Longstreet, MSW, out patient manager from Ottawa Co and Ron Kidder, PhD., ACT Supervisor/Senior Psychologist, Muskegon Co.
2. State Substance Abuse conference: approximately 10 staff form both counties heard key note addresses and workshop presenters on cultural competence, motivational interviewing, etc.
3. Ohio SAMI- IDDT Conference. Teri Smith and Cathy Hart, consultant, attended the Ohio two day conference, hearing Carlos Di Clemente, speakers on motivational interviewing, organizational change, etc.

D. Briefly summarize consensus building and collaborative service efforts with other systems and agencies that have taken place during this quarter.

Stakeholders continue to be involved in the development of the CCISC document. Participants who have attended the two county work groups, represent substance abuse treatment agencies, the Mission, medical treatment providers, private mental illness treatment agencies, jail diversion, drug court, the Substance Abuse Coordinating Agency and Federally Qualified Health Plans. PIHP Steering committee members have taken an active role in the development of system analysis of consumers in the correction system—such as possible jail diversion and prisoner–reentry consumers.
Substance abuse providers have offered training of CMH staff on substance abuse treatment needs while CMH will be offering motivational interviewing training in exchange. Muskegon CMH Clinical work group staff invited the Coordinating Agency Assessment Supervisor, Mark Rankin, to the Clinical work group to describe current treatment service options and resources available for area treatment planning.
Both Muskegon and Ottawa CMH have expanded supported housing opportunities, which has been an important component of stabilization and treatment planning.

E. Briefly describe the progress of each of the Co-Occurring Disorder project goals and objectives of this quarter. Include an update on systems assessment utilizing the Co-Fit or COMPASS, the development of action plans based on this self-assessment, and progress on action plans. Please attach initial work plan based on this assessment and amendments, if any, for each of the quarters.

Work continued this quarter on the CCISC with drafts #3 and #4 revised. A more defined action plan was developed, in June, based on the initial COMPASS. The PIHP steering committee continues to focus on increasing dual diagnosis capability for all staff, during this start up period. Our original action plan was overly ambitious in assuming we would accomplish in such a wide range of activities and be ready to establish IDDT teams. However, it is also felt that progress is being made, with staff having increased awareness and pushing to become more competent and develop improved programming.
An overview of the past year is as follows:
The first six months of the year were necessarily spent organizing the steering committee, conducting the COMPASS, and attending a conference with Patrick Boyle. The focus

included planning for a kick off training with Drs. Cline and Minkhoff. Meetings were also conducted with community stakeholders and gaps in service were identified. The concept of welcoming and improved diagnosis and treatment planning were explored. By June, a group of CMH and stakeholder staff were working on a CCISC document to develop goals and objectives for system improvement.
During the summer months, the steering committee planned a conference, bringing in Dr David Mee Lee to give an overview of motivational interviewing and treatment planning. Internal work groups began meeting to begin work on treatment service improvements. Our original Action Plan identified Jack Klott and Kathleen Sciacca as providing training—however, the training with Dr. Mee Lee was substituted.
Supplies have been ordered and received which will help with the further development of staff training and treatment programming in both counties.
Progress was not as far advanced as projected in the original work plan. The steering committee has realized that the enormous job of moving so many areas towards an evidence based practice will take time. CMH leadership from both counties hopes to improve staff competence in assessment and treatment planning and service expansion during the next grant year. Both Muskegon and Ottawa county CMH's continue to have a goal of developing an IDDT team to serve more complicated dually diagnosed consumers.

F. Briefly describe staff training and technical assistance obtained during this quarter. Explain how these will be utilized for the program development and improving services. Please include staff coverage for the project with an organizational chart showing the location of staff for this project.

As described previously, many staff have taken advantage of expert trainings this past year. Members of the PIHP steering committee have continued to participate in the activities and trainings offered by the State work group. They have also followed the consultation efforts with SAMSHA on the screening/assessment recommendations. To summarize, the following expert trainings have been of great assistance:

1. Drs Ken Minkhoff and Christine Cline. Staff attended their trainings in Lansing and they were presenters at a conference for our PIHP in March. Topics included: Overview of dual diagnosis, treatment development, organizational change and CCISC development. The trainings assisted project leadership to clarify current services and needs for improvement. Forty medical personnel also attended an overview presentation with Dr. Ken Minkhoff.

2. Patrick Boyle. Four PIHP steering committee members attended two-day training, in December on development of an IDDT team. Two additional staff attended his August training. Cathy Hart, consultant, and Teri Smith attended a Fidelity training with Patrick Boyle. Ms. Hart has also assisted the State in conducting MIFAST, Fidelity evaluations in two PIHPs. Ms. Hart and Smith attended the Ohio SAMI IDDT Conference. As staff learn more about the development of competence and evidence based treatment services, current systems and staff are challenged to make changes. Clinical supervision is key to increasing staff competence.

3. Dr. David Mee Lee. Provided training for 115 staff which focused on increasing knowledge of stage of change and motivational interviewing.

Staff involvement with this project include(please see attached organizational chart):

Muskegon CMH
PIHP Steering committee : Teri Smith, Residential Services Manager, Bob Bultema, CAC, SA service counselor, Carol Friar, MSW, ACT team leader

Clinical Work Group: Teri Smith, Bernadette Arnold , Support Coordinator Manger, Adult MI Supports Coordinators, Becky Rundquist, and Carrie Gray, Carol Friar, ACT Team Leader, and Sara Boersma, Out Patient therapist.

Treatment Work Group: Teri Smith, Bob Bultema, CAC, BSW, Harold Thomas, CAC, Brinks group leader, Kara Jaekel, ACT group leader, Gerald, dual recovery self help leader, and Curt, dual recovery peer advocate.

Ottawa CMH
PIHP Steering committee: Patrick O'Rourke, Access manager, Jane Longstreet, Out Patient supervisor, Vicky Berghuis, Access staff

G. Briefly explain the barriers and issues encountered during this quarter and the action taken to address them (administrative, legal, policy, training, outcomes, funding, budget, data encounter, grievances, etc.)

Barriers:
1. **Data and outcomes**
Efforts are being made in both counties to improve data collection and identification of dual consumers. Until we have better baseline data, it will be difficult to establish accurate outcome information. Both counties are improving their computer systems which should eventually assist with obtaining information.
2. **Initial screening and assessment**
The initial screening process and psychiatrists' knowledge of assessment of dual consumers is a key component of Integrated Dual Disorder Treatment services. Doctors attended a luncheon training with Dr. Ken Minkhoff in March, which lead to some doctors pursuing further education. Dr. Salva from Ottawa CMH was trained and certified at a Suboxone training and Dr Kahn from Muskegon is scheduled for training. Several doctors plan to attend a training this fall with Dr. Reyes from Ohio. Training has been offered for the emergency service staff at both CMHs, but has not yet been scheduled.
3. **Staff time and funds for training and structure change**
Developing staff competence and improved service capability requires a time commitment and funds to purchase the necessary expert consultation and training. Ottawa

CMH applied for additional grant funds (June 2006) to purchase additional training, but were unsuccessful at this time.

H. For projects that are at the stage of implementing COD enhanced services.

N/A

I. Describe PIHP financial and in-kind support utilized to support this project and status of sustainability planning. Is the project having problems with implementation/continuation withal the allocated resources? Should an amendment be initiated?

Much staff time is dedicated to this project, on top of regularly assigned work duties. Staff have expended extra time and energy to study , attend conferences and lead internal and external meetings, to advance this project. The funds for this year have been expended, with some funds carried over to supplement the next year's projects. Attached is a revised Action Plan, with different trainers and costs allocated. It is expected that all second year funds will be expended and a request made for additional funding at the next opportunity (June 2007) to further the work of this project. This PIHP did not allocate the entire $150,000 to this project, instead splitting the cost with the development of Family Psycho-Education. The $70,000 grant, covering two years, has enabled us to begin this project and promote significant change. However, the implementation of IDDT and an Evidence Based Practice Fidelity model with the time and funds currently available will be difficult.

J. Describe the activities planned to address the project's goals and objectives for the next quarter.

Please see attached second year Action Plan.

ATTACHMENT C – CO-OCCURRING DISORDERS NARRATIVE REPORTING REQUIREMENTS

A program narrative report must be submitted quarterly. Reports are due 30 days following the end of each quarter. (For the first three quarters, reports are due January 31, April 30, and July 31, 2006. The **final report*** must address the entire fiscal year and is due October 31, 2006). The format shown below should be used for all narrative reports.

* **FINAL REPORT**: Include a clear description of the actual project outcomes, the specific changes that occurred, and the impact that the project has had on the intended recipients as a result of the intervention. Did the project accomplish the intended goal? Briefly describe the results.

Michigan Department of Community Health
Mental Health and Substance Abuse Administration
Improving Practices Infrastructure Development Block Grant
Co-occurring Disorder: Integrated Dual Disorders Treatment
Program Narrative
Quarterly Report

Report Period: October 2005-September 2006
PIHP: Network180
Program Title: Mental Health System Transformation Practice Improvement Infrastructure Development Grant
Executive Director: Paul Ippel
Address: 728 Fuller Ave NE, Grand Rapids, MI 49503
Contact Person: Jane Konyndyk
Phone: 616-336-3765 **Fax :** 616-336-3593 **E-mail :** Janek@network180.org
PCA # 20710 **Contract #:** 20061245 **Federal ID:** 38-6004862

A. Briefly summarize the Systems Transformation efforts and implementation activities of the Improving Practices Leadership Team.

The Improving Practices Leadership Team (IPLT) at Network180 has maintained the full complement of requirement membership as specified in the Request for Proposals. The IPLT is scheduled to meet monthly, 11 of the 12 planned meetings were held as scheduled.

- First Quarter
  - Mission and Vision statements were developed
- Second Quarter
  - Guiding Principles were finalized and approved by the IPLT
- Third Quarter
  - Action Plan was developed
- Fourth Quarter

- Completed review of the following EBPs: Motivational Interviewing, Dialectical Behavioral Treatment, Sex Offender Program for Developmentally Disabled, and Supported Employment.
- Established a Data Team made up of Network180 and provider staff to review data available on EBPs

B. Briefly describe the Systems Change process activities related to the integration of Mental Health and Substance Disorder services and the impact of this Evidence-Based Practice process on creating systems change.

Network180 has maintained Systems Change efforts through the development of CCISC:

- First Quarter
  - Network 180 entered into the 4th year of consultation with Ken Minkoff MD and Chris Cline MD
  - CCISC Leadership Team was expanded to include new network180 providers
  - CCISC Trainer/Team was expanded to include new providers
  - CCISC Consensus Document 2006 was developed by the CCISC Leadership
  - Network180 provider contracts included the expectation for COD capability
  - Network180 staff and IDDT funded staff attended the IDDT training with Patrick Boyle
- Second Quarter
  - CCISC Consensus Document 2006 was released and was signed by all system providers
  - CCISC Trainer/Team met on 2 occasions
  - Minkoff/ Cline provided consultation to eight providers
  - CCISC met to continue work on the development of training modules
  - Meeting of all providers to provide update on Action Plans related to the COMPASS and CODECAT
- Third Quarter
  - CCISC Training and Supervision plans submitted by providers
  - CCISC trainer/Team met to review Training and Supervision Plans
  - Joint meeting of trainer from Oakland, Venture and Network180
  - Network180 started third administration of the COFIT
  - Network180 contract management staff role expanded to include review of agency activity with regard to CCISC
  - CCISC Leadership Team met with system providers to identify bench marks for Welcoming and Data Collection
- Fourth Quarter
  - System providers submitted reports on the activities identified for incentive in the CCISC Consensus Document
  - Incentives were paid to all system providers

- Network180 staff and provider staff attended the Minkoff/Cline training
- Provider staff attended the Boyle training
- Network180 staff attended the Ohio SAMI CCOE Conference

C. **Briefly describe the changes that have occurred and milestones achieved.**

A number of changes have occurred over the past year.

- First Quarter
  - Network180 contracted with three agencies to provide IDDT
- Second Quarter
  - CCISC Leadership Team expanded to include two CCISC Trainers
  - One of the IDDT providers reported on year of employment for Peer Support working in IDDT
- Third Quarter
  - One IDDT (Ti) provider began the process of "staging" clients
- Fourth Quarter
  - IDDT Fidelity measure was completed by the MiFAST at Ti
  - COD Data Collection Project scheduled for implementation 10-01-06

D. **Briefly summarize consensus building and collaborative service efforts with other systems and agencies that have taken place.**

Network180 participated in the following Collaborative Efforts over the past year:

- First Quarter
  - Three Network180 COFIT Process Improvement Teams developed with provider representation
- Second Quarter
  - Members of our CCISC Team met with the trainers from Venture and Oakland
  - At the request of Kalamazoo CMH, Network180 staff met with their IDDT Coordinator to share experiences regarding the integration effort in general, and IDDT specifically.
- Third Quarter
  - CCISC Trainers/Teams fromNetwork180, Venture and Oakland met in May 2006.
  - In collaboration with Kalamazoo CMH, Network180 organized the first Learn and Share for PIHPs.
- Fourth Quarter
  - Planning meeting with Kalamazoo, Oakland, and Venture

E. **Briefl y describe the progress of each of the Co-occurring Disorder project goals and objectives. Include an update on systems assessment utilizing the Co-Fit or COMPASS, the development of action plans based on this self-assessment, and progress on action plans. Please attach initial work**

plan/action plan based on this assessment and amendments, if any, for each of the quarters.

Three Process Improvement Teams were developed as a result of the 2005 COFIT. The Process Improvement Teams focused on Welcoming, Screening, and Data. The Welcoming PIT has made recommendations for changes at our administrative site and our Access Center. These changes are currently under review.

The Data PIT has worked in collaboration with the Screening PIT to identify and report data elements related to the prevalence COD. This information will be collected at authorization through our Access Center and any point of access in the provider system. The data collection process was successfully piloted at our Access Center, and at two provider sites. The Data Collection Project was officially started on October 1, 2006.

Network180 most completed the COFIT in September 2006. Development of an Action Plan is scheduled for October 2006. All system providers submitted an update on the COMPASS and Action Plans in September 2006.

Year One Project Goals:

1. Identify the providers that have the capability to develop enhanced co-occurring treatment. The number of providers receiving an allocation will be determined based on funds needed for each program.
   Timeline: October 2005

   Network180 selected Touchstone innovare, Gerontology Network and Hope Behavioral to receive funding for IDDT.

   Status: Completed

2. Identify agency enhancements necessary for general organizational support for this evidence-based practice sufficient to meet fidelity requirements.
   Timeline: October 2005

   Selected providers identified enhancements necessary to support the implementation of IDDT with regard to staff training/development and organizational support.

   Status: Completed.

3. Develop capacity and an implementation plan for monitoring IDDT fidelity.
   Timeline: September – November 2005

   Network180 has four representatives who attended the Fidelity Measurement training with Patrick Boyle. Each representative has continued involvement and is member of the MiFAST group. The first fidelity measure is scheduled to take place at Touchstone innovare in July

2006. Additionally, each provider has completed each of the Fidelity Measures and received consultation from Patrick Boyle.

Status: Completed

4. Develop an evaluation plan for the project.
   Timeline: September – November 2005

   The Community Living Adaptation Scale (CLAS) is used as an outcome tool by each of the providers selected to implement IDDT. This tool may be continued as part of the evaluation plan for this project. Network180 has a consultation planned with Patrick Boyle in August 2006, our plan is to address the issues of outcomes during that visit.

   Status: In process. The consultation with Boyle was cancelled and will be rescheduled in 2007.

5. Implementation of IDDT enhanced programming.
   Timeline: December 2005

   Status: The consultations that our providers have had with Patrick Boyle have been helpful. The expectation is that each provider will develop an Action Plan that will address remaining barriers to implementation.

6. Implementation for the evaluation plan for IDDT enhanced program.
   Timeline: December 2005

   Status: In process, see #4.

7. Improving Practices Leadership Team meets on a regular basis to review the implementation and evaluation information.
   Timeline: October 2005 – ongoing

   Status: The Improving Practices Leadership Team is scheduled to meet on the 3rd Wednesday of every month and has followed this schedule since the inception of the Team. The team has developed Mission, Vision and Values statements and an Action Plan. The Team has identified all of EBPs currently implemented in our system. The Team currently in the process of reviewing each EBP.

F. Briefly describe staff training and technical assistance obtained during this year. Explain how these will be utilized for the program development and improving services. Please include staff coverage for the project with an organizational chart showing the location of staff for this project.

Network180 contracted with three agencies to provide IDDT. Each of the IDDT providers has identified a team responsible for implementation. These implementation teams meet with Network180 staff on a quarterly basis. All of the providers reported staff training on topics related to the treatment of Co-occurring disorders in general, and IDDT in particular. One of the providers, Touchstone

Innovare, met with Patrick Boyle in March 2006. Hope Behavioral and Gerontology Network submitted the GOI Fidelity Measure and the IDDT Fidelity Measure to Patrick Boyle and had telephone consultation in the 3rd Quarter. Network180 staff participated in the telephone consultations.

As was previously stated, IDDT is being implemented at three provider sites in the Network180 system. Touchstone innovare has selected existing ACT Team that is made up of ten clinicians and more than 100 clients. Gerontology Network had intended to create a new IDDT Team, but has since decided to implement IDDT agency wide in all clinical services. Hope Behavioral does not have case management "teams", but does provide a case management service in residential programs. Hope will implement the principles of IDDT, even though they will not be able to replicate the team structure of the model.

Network180 staff and provider staff attended the trainings with Boyle in December and August, and with Minkoff and Cline in February and July.

Network180 sent four representatives to the IDDT Fidelity training with Patrick Boyle in March 2006. These individuals have maintained involvement and are continuing members of Mi FAST.

G. Briefly explain the barriers and issues encountered during and the action taken to address them (administrative, legal, policy, training, outcomes, funding, budget, data encounter, grievances, etc.).

IDDT providers have expressed concerns with regard to the following:

- Compatibility of ACT and IDDT- the concern is that the team treatment model of ACT and the substance abuse counseling component of IDDT (which assumes a primary relationship with one team member) are not compatible
- The new rules with regard to licensing for BSWs has been interpreted by some providers as prohibitive of the motivational interventions and the substance abuse counseling components of IDDT

Network180 has contracted with Patrick Boyle to provide consultation to the Network180 system to address these issues. The consultation with Boyle was cancelled, will be rescheduled in 2007.

H. For projects that are at the stage of implementing COD enhanced service models, provide the following information:

1. **Briefly describe the PIHP action related to data collection, fidelity, and process monitoring activities to accomplish the project goal.**

2. **Describe the target population/program served during this quarter. Include the number of unduplicated individuals this quarter and the cumulative number of unduplicated individuals during this fiscal year. (If possible, include the demographic of diagnostic data relevant to the project's goals.)**

One of the Network180 IDDT providers, Ti, is approaching implementation. This program completed the Fidelity Measure in the 4th Quarter.

I. Describe PIHP financial and in-kind support utilized to support this project and status of sustainability planning. Is the project having problems with implementation/continuation with all the allocated resources? Should an amendment be initiated?

The CCISC Integration Project with Minkoff and Cline and the related training and leadership structure are a source of on-going in kind support for this project.

J. Describe the activities planned to address the project's goals and objectives for the next quarter.

Work Plan 2006-2007:

1st Quarter: October 1, 2006 -December 31, 2006

- Network180 staff will finalize the IDDT Quarterly Report (the development of this report started in the 4th quarter 05/06 in collaboration with IDDT providers; see attached DRAFT)
- Network180 staff will distribute the IDDT Quarterly Report to providers for use in FY 06/07
- Quarterly Meeting with all IDDT providers for updates and review of IDDT Quarterly Reports
- Continued monthly meetings of the Improving Practices Leadership Team (IPLT)
- Network180 staff will provide a summary of the IDDT Quarterly Reports to the IPLT at the December meeting
- Touchstone innovare will develop Action Plans based on the GOI and IDDT Fidelity Measures that were conducted by MiFAST in July 2006.
- Gerontology Network and Hope Behavioral will develop Action Plans based on the GOI and IDDT consultation with Boyle in the 3rd Quarter 2006.

2nd Quarter: January1, 2007-March 31, 2007

- Providers will submit IDDT Quarterly Reports prior to the Quarterly Meetings
- Quarterly Meeting with all IDDT providers for updates and review of IDDT Quarterly Reports
- Monthly meetings of the Improving Practices Leadership Team (IPLT)
- Network180 staff will provide a summary of the IDDT Quarterly Reports to the IPLT at the March meeting
- MiFAST will conduct a GOI and IDDT Fidelity Measure at Hope Behavioral

3rd Quarter: April 1, 2007- June 30, 2007

- Providers will submit IDDT Quarterly Reports prior to the Quarterly Meetings
- Quarterly Meeting with all IDDT providers for updates and review of IDDT Quarterly Reports
- Monthly meetings of the Improving Practices Leadership Team (IPLT)
- Network180 staff will provide a summary of the IDDT Quarterly Reports to the IPLT at the June meeting
- Hope Behavioral will update their GOI and IDDT Action Plans based on the Fidelity Measure that was conducted in the 2nd Quarter
- MiFAST will conduct a GOI and IDDT Fidelity Measure at Gerontology Network

4th Quarter: July 1,2007- September 30, 2007

- Providers will submit IDDT Quarterly Reports prior to the Quarterly Meetings
- Quarterly Meeting with all IDDT providers for updates and review of IDDT Quarterly Reports
- Monthly meetings of the Improving Practices Leadership Team (IPLT)
- Network180 staff will provide a summary of the IDDT Quarterly Reports to the IPLT at the September meeting
- Gerontology Network will update their GOI and IDDT Action Plans based on the Fidelity Measures that were conducted in the 3rd Quarter
- MiFAST will conduct the second annual GOI and IDDT Fidelity Measures at Touchstone innovare

ATTACHMENT C – CO-OCCURRING DISORDERS NARRATIVE REPORTING REQUIREMENTS

A program narrative report must be submitted quarterly. Reports are due 30 days following the end of each quarter. (For the first three quarters, reports are due January 31, April 30, and July 31, 2006. The **final report*** must address the entire fiscal year and is due October 31, 2006). The format shown below should be used for all narrative reports.

* **FINAL REPORT**: The format shown below must be used to summarize the activities during the entire project period.

Michigan Department of Community Health
Mental Health and Substance Abuse Administration
Co-occurring Disorder: Integrated Dual Disorders Treatment Training Grant
Performance/Progress Reporting Requirements
Quarterly Report

Report Period: October 2005-September 2006
PIHP: Network180
Program Title: Integrated Dual Disorders Treatment Training Grant
Executive Director: Paul Ippel
Address: 728 Fuller NE Grand Rapids, MI 49503
Contact Person : Jane Konyndyk
Phone: 336-3765 Fax: 336-3593 E-mail: janek@newtork180.org
PCA # 20719 Contract # 20061245 Federal ID: 38-6004862

A. Summarize the activities that have occurred related to this project during the reporting period. Include progress made on planning and conducting each of the planned training events (unless completed during a prior reporting period).

- First Quarter
  - November 2005 Minkoff/Cline
    Consultation provided to Network180. Drs. Minkoff and Cline focused their visit on systems change as well as the development of COD capability at the program level
  - December 2005 Boyle
    Patrick Boyle presented "Integrated Dual Disorder Treatment in Michigan: Implementation Issues, Barriers and Strategies". This training included an overview of core concepts, organizational strategies for implementation, lessons learned from other successful teams, and the fidelity assessment process
  - December 2005 Conference Call
    Minkoff, Cline, Mee Lee, Boyle, DCH staff and Network180 staff to plan and coordinate activities for the year.

- Second Quarter
  - February 9, 2006 Ken Minkoff MD and Chris Cline MD
    Drs. Minkoff and Cline focused their visit on systems change as well as the development of COD capability at the program level
  - March 30 and 31, 2006 Patrick Boyle "IDDT program Consultation"
    Patrick Boyle provided face-to-face technical assistance to four PIHPs. These consultations were half day, morning or afternoon sessions. Prior to the consultations, each of the PIHPs completed the IDDT Fidelity Action Panning Guideline and the GOI Fidelity Action Planning Guidelines, and submitted them to Boyle for review. These Guidelines provided the foundation for an individualized consultation

- Third Quarter
  - April 11, 2006 David Mee-Lee MD
    "Integrating Services for People with Co-Occurring Substance Related and Mental Health Disorders: Are You Ready?"
  - April 12, 2006 David Mee Lee MD
    "How to Make Integrated Service really Work: Bringing Together, the Treatment Team, Consumers, Services and Documentation"
  - May 30, 2006 Learn and Share
    The Learn and Share event was a half-day interactive session for staff responsible for planning, implementing and delivering co-occurring treatment and IDDT.

- Fourth Quarter
  - July 11 and 12, 2006 Ken Minkoff MD and Chris Cline MD
  - August 30 and 31, 2006 Patrick Boyle

B. Describe whether planned activities have taken place and explain any delays.

All training took place as scheduled. The Learn and Share that was scheduled for May 23 was rescheduled to May 30, 2006, and took place on that date.

C. Describe whether project goals will be achieved or explain if not.

The Statement of Work indicated that a minimum of six trainings would be provided to support the integration of mental health and substance abuse treatment in the State of Michigan. A total of seven trainings were provided.

The services and activities described in #3 in the Statement of Work have been sub-contracted to the Michigan Association of Community Mental Health Boards.

D. Describe how contract resources were used during the reporting period and how the expenditures relate to the project goals.

The goals identified in the RFP related to systems change/transformation and promotion of EBP are clearly supported by the training/consultation expenditures for FY2006. Expenditures totaled $63,266.63 for FY 2006.

E. Describ e attendance at any of the planned training events held during the quarter and attach a summary of the satisfaction surveys.

- First Quarter
  - November 2005 Minkoff /Cline
    Expenditures totaled $7,500 for fees and travel expenses.
  - December 2005 Boyle
    Expenditures totaled $9,690.73 for fees, travel, facility, copies, postage and staff reimbursement. The cost of this event was off set $2,660 by conference fees.

- Second Quarter
  - February 9, 2006 Minkoff /Cline
    Expenditures totaled $7973.20 for fees and travel expenses.
  - March 30 and 31, 2006 Boyle
    Expenditures totaled $7,973.20
    140 attendees

- Third Quarter
  - April 11, 2006 David Mee-Lee
    "Integrating Services for People with Co-Occurring Substance Related and Mental Health Disorders: Are You Ready?
    213 Attendees, 7 DCH Staff
  - April 12, 2006 David Mee-Lee
    "How to Make Integrated Service really Work: Bringing Together the Treatment Team, Consumers, Services and Documentation"
    206 Attendees, 7 DCH Staff
    Expenditures totaled $1,518.96 for both days.
    161 attendees
  - May 30, 2006 Learn and Share
    32 attendees

- Fourth Quarter
  - July 11 and 12, 2006 Minkoff/Cline
    Expenditures totaled $20,608.72
    Number of attendees not available
  - August 30 and 31 Patrick Boyle
    Expenditures totaled $10,343.55
    Number of attendees not available

F. Briefly describe how these trainings have impacted systems change at the state and regional level.

These trainings have had an impact on systems change at the regional and state level. Each of the presenters addressed a particular area related to the very broad issue of systems change in support of integrated treatment.

- The Minkoff and Cline presentations focused on the broad clinical issues related to the provision of treatment for individuals with a co-occurring disorder. They also addressed changes at the system and program level necessary to support the provision of integrated treatment.

- Dr. Mee-Lee provided training on the clinical interventions that are central to all integrated services.

- Patrick Boyle focused on the development of IDDT, an enhanced service for individuals with COD.

G. Indicate if any amendments are necessary.

As was previously stated, an increase in the availability of funds has allowed for additional statewide trainings in FY 2006. The Training Budget and Statement of Work have been amended to reflect this change. The contract with the Michigan Association of Community Mental Health Boards was amended accordingly.

Michigan Department of Community Health
Mental Health and Substance Abuse Administration
Improving Practices Infrastructure Development Block Grant
Co-occurring Disorder: Integrated Dual Disorders Treatment
Program Narrative
Yearly Report

Report Period 10/1/2005-9/30/2006
PIHP Northwest Affiliation
Executive Director Greg Paffhouse
Address 105 Hall St, Suite A, Traverse City MI 49684
Contact Person Joseph Garrity
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PCA#_____ **Contract #** _____ **Federal ID** _____

A: Systems Transformation Efforts: ***Northwest Michigan CMH Affiliation has substantially completed the initial goals as delineated in the COD IDDT RFP.*** ***(See*** *attachment C COD Checklist)* The Improving Practices Leadership Team continues to meet on a quarterly basis. The last meeting was held on September 12th in the WMCMH offices in Baldwin. The revised Charter Agreement, along with completed attachments, was reviewed, with Dr.'s Minkoff and Cline on the 30th of August. Dr's Cline and Minkoff consulted with local CA providers including Munson Medical Center, both Cl the psychiatric unit, and Munson's Alcohol and Drug Treatment Center. Dr. Cline consulted with Adduction Treatment Services. The Charter has been adopted by NLCMH, West Michigan CMHS, Northern Michigan Substance Abuse Services, Catholic Human Services and Addiction Treatment Services. The Charter is recognized as a "work in progress". It is believed that the Charter will be amended when additional information is obtained that suggests revisions. Revisions were made following analysis of the initial COFIT evaluation. NLCMH and the Northwest Michigan CMH Affiliation have revised policies and procedures that address the concept of Welcoming, No Wrong Door, and Accessibility, based on the CCISC work of Drs' Minkoff and Cline. Quarterly Charter Steering Committee Meetings will be held on a quarterly basis the last meeting was held on 9/7/06. The next meeting is scheduled for 10/27/06. The current plans it to repeat the COFIT in January or February of 2007.

A Fidelity Review and GOI were conducted internally. Patrick Boyle and members of the MiFast team conducted a Fidelity review in the Traverse City office on August 9th and 10th. The results were reviewed with NLCMH by Patrick Boyle and Elizabeth Kibby. The results are being analyzed. Patrick Boyle will discuss the results and assist NLCMH in developing a plan to improve service delivery. Part of the corrections will include measure to improve systems change efforts. Per Patrick Boyle:

> Commitment by staff and leadership was evident and it appears that all interviewed sources are able to articulate the primary philosophical components of IDDT. However, brochures do not reflect the services for public awareness and client consumption. The program is in the beginning stage but staff and leadership expressed their awareness of a need to move from parallel treatment to integrated treatment.

Recommendations: (from Fidelity Review)

1. Consider developing written documentation (program literature/brochures) that describes the IDDT services to increase public awareness and for client consumption.
2. Incorporate documentation of essential aspects of IDDT philosophy and services into agency policies as they develop and continue to evolve.
3. Consider incorporating educational requirements and/or skills set expectations consistent with IDDT for IDDT team members into staff job descriptions.
4. Consider utilizing agency publications and all staff meetings to raise awareness of IDDT principles over time.
5. Consider incorporating an IDDT overview during new employee orientation.

The majority of client needs are addressed in a very responsive, respectful, person-centered manner. The programs are not yet using IDDT as a standard practice but are moving forward toward this goal. Motivational strategies are just beginning to be employed. As clients are not yet formally staged, and only a limited number of substance use related services are available, clients are not yet receiving the full range of IDDT services. The team is beginning to address IDDT services; however, many plans did not reflect this service delivery in documented form. Currently some substance abuse services are still outsourced to substance abuse programs that are not available in a more integrated manner at this agency.

Systems change efforts are most dramatically seen in the assessment of the ACT Team scores. Per the Fidelity Review Summary:

The **Treatment Characteristics** of the NLCMH ACT program received a total of **32.0**, which was then divided by the number of items rated (14) to produce a **subscale fidelity rating of: 2.3**.

Future Meeting Schedule

The IPLT will continue to meet on a quarterly basis. The next IPLT meeting is scheduled for 12/12/2006 at NLCMH Cadillac Office. The Charter Steering Committee has met at least quarterly and will next meet on 10/27/06 in the Cadillac Office. Both groups will review the result of the Fidelity Assessment and review goals suggested by the COD Leadership Team to address identified shortcomings. Anecdotally the Leadership team acknowledges the Fidelity Review as providing guidance to this Fiscal years effort to improve COD IDDT service delivery.

Structure/membership: of the group

Systems Change Process: As noted in the first three reports, an overall Co-occurring Disorders (COD) PIHP leadership team, consisting of members from the IPLT leadership team was formed and included members Bill Slavin representing the PIHP, John Sternberg of West Michigan CMHS, Joe Garrity of NLCMH and Sue Winter representing NMSAS. This group has continued to meet to review current status of the Charter Agreement and to analyze and implement suggestions from the COFIT. John Sternberg has left employment at West Michigan CMHS and Josh Snyder will take his place on the committee.

Drs. Cline and Minkoff returned to Traverse City on August 30. Dr. Minkoff lectured on the use of the ILSA (Integrated Longitudinal Strength Based Assessment) to staff. He then completed an live demonstration of the ILSA with an NLCMH client. Dr. Cline met with the COD Leadership team and reviewed the Charter and provided consultation on Systems Change efforts. Drs. Minkoff and Cline conducted a seminar for NLCMH, WMCMHS, and local psychiatrists on psychopharmacological interventions with consumers diagnosed with COD. Joe Garrity, Josh Snyder and Bill Slavin remain involved with State of Michigan subcommittees for Training and Workforce Development and Measurement groups. The Northwest Michigan CMH Affiliation remains active with the Mighti Group chaired by Jane Konyndyk of Network 180, and is taking part in a SAMHSA COCE Assessment/Screening Pilot project. Linda Dishman and Becky Vincent represent NLMCH on this project. NLMCH has incorporated the DALI-14 M, which is triggered by the CAGE, into its computerized Access Screening form. NLCMH will also pilot the use of the Addiction Severity Index-Multimedia Version 5 (ASI-MV Version5). This is a computer generated series of interviews that assess for both Substance abuse issues well as mental health diagnosis. The local CA Northern Michigan Substance Abuse Services (NMSAS) uses this tool. If adopted, a unified Data Collection system will exist within the NLCMH/NMSAS shared catchment area.

A. Milestones:

1. Developed Charter Regional Agreement (attachments four and five are completed and attached.)
2. Improving Practices Leadership Team continues to meet on a quarterly basis and provide guidance for the IDDT COD initiative.
3. The Charter Agreement was adopted by NMSAS and Northwest Michigan CMH Affiliation, Addiction Treatment Services in Traverse City and Catholic Human Services in the NLCMH and WMCH catchment areas.
4. Training was conducted at the NLCMH Traverse City Office in the use of Motivational Interviewing. Although the NLCMH TC ACT team was the initial focus of the training, training was broadened to include case managers, Outpatient therapist's physicians and ACT Teams from NLCMH Southeast Offices as well as WMCH and Catholic Human Services and Addiction Treatment Services. Initial training utilized the Motivational Interviewing DVDs from Steven Miller and Jeremy Roenick. Heather Flynn PhD, a certified MINT trainer from the University of Michigan, conducted a two day seminar in Traverse City. The plan is to have Heather conduct advanced training in Motivational Interviewing as well as provide ongoing supervision using videotaped sessions or video conferencing.
5. Clinical Leadership Team completed the second COMPASS for NLCMH.
6. NLCMH NW ACT Team completed an initial COMPASS.
7. WMCMHS completed an initial COMPASS
8. Dr. Minkoff and Dr. Cline completed a second follow up session with the PIHP Leadership Team.
9. Drs. Minkoff and Cline met with the ACT team and conducted training in the use of the ILSA

10. Phone consultation was completed with Patrick Boyle on April 13, 2006. Patrick indicated that the Northwest CMH Affiliation has a COD-IDDT team in place. A baseline fidelity review was completed August 9 and 10, 2006. The results were reviewed with the Leadership Team, in September
11. Patrick Boyle conducted COD IDDT Training with the NLCMH ACT Team and ACT Teams from NLCMH Southeast and WMCMHS
12. Patrick Boyle is conducting phone supervision with ACT TEAM Leader Tom Vinette.
13. The Northwest Michigan CMH affiliation contracted with Heather Flynn, PhD, a certified MINT trainer. She provided Motivational Interviewing training July 26 and 27, 2006. The Northwest Michigan CMH Affiliation would like to continue to work with Heather Flynn to provide advanced training and supervision.
14. Patrick Boyle will Provided COD-IDDT training September 13 and 14, 2006. He conducted a fidelity review an reviewed the results September 13th
15. Coverage was arranged for the ACT Team for the Motivational Interviewing training and the COD-IDDT training.

B. Consensus Building and Collaborative Service Efforts: The Charter Steering Committee Leadership Team met in June to finalize the Charter Agreement and to complete the 2006-2007 work plan. These results were incorporated into the working draft of the Charter Agreement as attachments D and E. The Charter Steering Committee is adopting a "common language" and "glossary of terms" document to ensure that communication between and within agencies remains consistent. The Charter Steering Committee Leadership Team met last on September 7th and will meet again on 9/27/06. It is planned that meetings will occur at least once a quarter. NLCMH will continue to participate in "Quarterly Detox" meetings conducted by Addiction Treatment Services in Traverse City. This group has met periodically over several years. This was one of the first efforts to identify common concerns and treatment options for clients with COD and who accessed a variety of services. Staffs from several providers including the local psychiatric hospital, SA providers, and CA, were invited to and did attend the Motivational Interviewing Training in July and attended the Drs. Minkoff and Cline workshop in August. Local Psychiatrists from NLCMH, WMCMHS, and Munson Medical Center participated in a seminar conducted by Drs. Minkoff and Cline August 30, 2006. Clinicians from NLCMH, WMCMHS, NMSAS and local SA Providers were invited to and did attend the two day intensive COD-IDDT workshop presented by Patrick Boyle September 13 and 14.

C. Project Goals: (From COD Checklist) Accomplished or Substantially Accomplished FY 2005/2006.

1. *PIHP convenes meetings with other stakeholders including Substance Abuse Coordinating Agencies to address co-occurring disorders:* Ongoing meetings are occurring with other stakeholders including local SA providers, the regional CA, Northern Michigan Substance Abuse Services (NMSAS), and the local psychiatric hospital, Munson Medical Center. NMSAS is involved in quarterly Northwest Michigan CMH Affiliation meetings. A Regional Charter agreement that includes both CMHSP's within the Affiliation, NMSAS, and local CA providers was submitted and approved by the IPLT on June 13, 2006. NMSAS has also adopted the Charter Agreement. The Charter Agreement was based on the results of the baseline COFIT that was conducted and was reviewed with Drs. Minkoff and Cline and has been subsequently revised. It is considered a working document that will be amended based on on-going assessments. CMHSP's, West Michigan CMHS, and Northern Lakes CMH, will continue to meet to review the Charter as information warrants. It is anticipated that The Northwest Michigan CMH Affiliation will attempt to involve other agencies in the Charter Agreement. that may include local SA providers and other involved participants, such as corrections, law enforcement, drug courts and local emergency rooms. It is expected that the Regional Charter Agreement will be reviewed with interested agencies and that the Charter will be submitted for their approval. NMSAS has a representative present at the Quarterly meeting of the IPLT and they also attend monthly Utilization Management and Quality Oversight Committee meetings.
2. *PIHP identifies a program leader for Co-occurring Disorders: Integrated Dual Disorder Treatment*: Joe Garrity remains in this position. John Sternberg had served as the MI specialist and as the representative for West Michigan CMHS; Josh Snyder has been assigned as the West Michigan CMHS representative since John has left employment at WMCMHS. Tom Vinette is the lead worker for the NLCMH Traverse City ACT team. He is involved in the leadership of the COD-IDDT treatment team. Val Bishop will serve as program leader for the Southeast Counties of NLCMH.

PIHP access centers have professional staffs that are trained to screen for both mental illness and substance disorders: The access team has attended trainings with Patrick Boyle and Dr. David Mee Lee. Members of the access team were included in the Patrick Boyle March 13 phone consultation. Members were involved in Motivational Interviewing training and in the Patrick Boyle COD-IDDT training scheduled for September 13 and 14, 2006. NLCMH has adopted the DALI 14 to screen for COD, which is currently available electronically on the Access Screening form. Additional training will be conducted in the use of this document. NLCMH will serve as a COCE demonstration site. Other PIHP's participating in the IDDT COD grant will serve on the COCE demonstration project and will review other assessment /screening tools. NLCMH will review the ASI-MV (Addiction Severity Index-Multi-Media Version), tool that screens for substance abuse and mental illnesses. Currently NMSAS uses this tool and requires it as part of their contract with SA treating facilities. If adopted this will provide uniform reporting and assist in uniform data collection across systems.

3. *PIHP forms an ongoing workgroup of administrators to address Co-occurring Disorders: Integrated Dual Disorder Treatment*: A leadership team has been

formed to address Co-occurring disorders. The IPLT continues to meet and has conducted four quarterly meetings. At the meeting on IPLT meeting on June 13, 2006, the working Charter Agreement was reviewed and approved. The IPLT will review result of an updated COFIT to take place in early 2007.

4. *PIHP forms an ongoing workgroup of clinicians to address Co-occurring Disorders: Integrated Dual Disorder Treatment*: The Northwest Michigan CMH Affiliation has formed several leadership teams. The Team charged with implementing Evidence Based Practices is the IPLT (Improving Practices Leadership Team.) The Northwest Michigan CMH Affiliation has a COFIT leadership team. NLCMH Northwest has formed a Clinical Leadership Team. WMCMH has formed a COD leadership team to address site specific COD IDDT issues within their catchment areas. It is anticipated that the Grayling, Houghton Lake, and Cadillac offices will form their own team or teams. NLCMH Traverse City office will provide peer assistance in developing these teams. The Traverse City Leadership Team completed a COMPASS and have reviewed and completed the GOI Fidelity measurement tool and COD readiness checklist. This team met via phone with Patrick Boyle on March 13, 2006. The team conducted Fidelity Site Review with Patrick Boyle and the MiFast team in August 2006. The team is involved in local training using a series of DVDs; specifically, the Motivational Interviewing: Professional Training Series, 1998 by William R. Miller & Steven Rollnick. There is a discussion of the material and case example and how this might be implemented with current clients. The team received advanced training on Motivational Interviewing Techniques July 26 and 27, 2006 conducted by Heather Flynn PhD a certified Motivational Interviewing Trainer. Motivational Interviewing techniques are a component of COD-IDDT treatment. It is planed that the training will be on-going, utilizing purchased source materials including books and AV material.

5. *PIHP uses the COFIT to assess where the system is with respect to its ability to serve people with Co-occurring Disorders:* The Northwest Michigan CMH Affiliation completed the initial COFIT on January on 11 and 17, 2006. Results were analyzed and have been incorporated into the Regional Charter Agreement. The CO-FIT will be repeated on an annual basis, most likely in January or February of 2007.

6. *The PIHP develops an Action Plan that addresses co-occurring capability for the system as a context for the implementation of the COD: IDDT Resource Kit and includes identified training and technical assistance needs:* The Northwest Michigan CMH Affiliation has developed COD-IDDT-EBP action plans for the next three fiscal years. These plans have been modified based on the results of the CO-FIT, COMPASS and GOI . The GOI Fidelity assessment and IDDT-COD were completed in March prior to the phone consultation with Patrick Boyle. David Branding, Director of Quality Improvement for NLCMH and John Sternberg attended a GOI Fidelity Assessment workshop with Patrick Boyle. David Branding has become part of a statewide GOI Fidelity assessment team. The GOI Fidelity review Team will complete a Fidelity assessment on August 9 and 10 in the Traverse City office. The results were reviewed with the Clinical

Leadership team on 9/10/06 following the training. Patrick Boyle will meet with the Clinical Leadership team via video conference during the first quarter of FY 2006-2007.

7. *Providers use the COMPASS to assess themselves:* Per the local CA (NMSAS) the SA providers have completed the COMPASS in the nine county Northwest Michigan CMH Affiliation area. NLCMH Northwest completed an initial COMPASS in January of 2005. A second COMPASS was completed by the NLCMH Northwest Clinical Leadership team in January 2006. The NLCMH Northwest ACT team has been identified as the initial IDDT-COD team. The ACT team completed a COMPASS in January 2006. A training plan was developed based on results of the COFIT, COMPASS, and GOI Fidelity Review. WMCMH has completed a COMPASS Review in their catchment area. NLCMH plans to assist the Houghton Lake Grayling and Cadillac Offices in completing their own COMPASS Reviews. The NLCMH Traverse City Office will repeat the COMPASS in January of 2007.

8. *PIHP builds ongoing training and teamwork into its system:* Josh Snyder from WMCHS has assembled a detailed list of expected Staff competencies broken down into service areas. . (Attached). These competencies will be used by identified program staff to develop individualized training plans based on the identified competencies. The PIHP has contracted with Drs. Minkoff and Cline to provide onsite consultation and training. The Northwest Michigan CMH Affiliation has contracted with Patrick Boyle to provide onsite training to clinicians. Patrick Boyle has provided training (Beginning and advanced COD-IDDT treatment) on August 10 and September 13 and 14, 2006. The ACT Team received initial training from Dr Minkoff and Dr Cline January 27, 2006. They have received additional IDDT-COD training from Joe Garrity. Tom Vinette procured a series of Motivational Interviewing Professional Training DVDs. (from Steven Rollnick and Bill Miller). The ACT Team has been reviewing the DVDs, with accompanying case presentations. Heather Flynn, PhD conducted initial and advanced motivational interviewing training July 26 and 27, 2006. The ACT team has begun team meetings where they use Stage of Change theory to identify individual consumer's strengths and needs, in relation to substance abuse. They are beginning to develop stage matched treatment. The consumer's strengths and weaknesses will be used to assist consumers in developing PCPs based on stage of change theory. During FY 2006/2007, the Northwest Michigan CMH Affiliation will continue to work with Drs. Cline and Minkoff was well as Patrick Boyle to provide training to clinicians. Dr. Mee Lee has been consulted and may be able will provide training on Integrated Person Centered Planning, with Individuals with COD. The Northwest Michigan CMH Affiliation plans to work with Heather Flynn to provide ongoing training and supervision in motivational interviewing techniques. The Northwest Michigan CMH Affiliation will continue to work with Patrick Boyle to provide supervisory training in the Traverse City office and eventually to the other ACT Teams with the PIHP area

D. Training and Technical Assistance: Patrick Boyle provided additional Training and Technical assistance to the Northwest Michigan CMH Affiliation on August

10 during the baseline fidelity review. He returned September 13, 2006 to provide in-depth training on COD- IDDT. Patrick met with the Clinical Leadership Team on 9/14/06 to review the results of the Fidelity Review, He will meet via Video conference to assist the NLCMH Traverse City staff in refining and action plan to address specific recommendations with the Fidelity Review. Additional training has been provided by Joe Garrity, MSW to the Outpatient Therapy, CSM and ACT teams. The clinical leadership team has been involved in working with Network 180 and SAMSHA COCE TA. NLCMH is part of a SAMSHA COCE demonstration project. Specifically NLMCH will pilot the use of the DALI 14 m in the screening process, and the ASI-MV assessment tool. One FTE was added to the Outpatient ES team to provide additional release time for Joe Garrity. Drs. Minkoff and Cline have visited NLCMH three time this past Fiscal Year. Dr. Minkoff presented information on the use of the ILSA, and provided a live demonstration. Dr. Cline reviewed the COFIT and Dr. Minkoff and Cline met with local psychiatrists to review psychopharmacology with COD clients. Dr. Mee Lee is scheduled to meet with Psychiatrists in October to review psychopharmacology concerns with COD clients. The PIHP leadership team continues to participate in training and technical assistance provided by DCH and attended a consultation with Dr. Cline on July 12. The Northwest Michigan CMH Affiliation will attend a one day "learn and share" technical workshop in Lansing October 24th. Supervisors from the Northwest Michigan CMH Affiliation will attend an intensive Supervision workshop in Lansing in early December 2006. Tom Vinette is currently receiving phone supervision with Patrick Boyle. The Northwest Michigan CMH Affiliation plans to have other supervisors join this training as IDDT COD teams start up.

E. **Barriers and Issues.** The primary barrier is staff time. NLCMH is currently working on ways to relieve staff to attend training. Attitudinal barriers remain but less resistance is being encountered than when the initiative was started. The Charter Agreement has been adopted by NLCMH, WMCMHS, NMSAS, and local SA providers. Munson Medical Center, the regional hospital in Traverse City, will be offered training and technical assistance. Initial contacts have occurred with Emergency Room Physicians. It is expected these contacts will increase. For example, a current practice at the local ER, encouraged by NLCMH past practice, is to wait until the client's BAL falls below the current legal limit for operating a motor vehicle (.08%). This is not consistent with the COD-IDDT initiative. Ongoing meetings with local ER staff and hospital social work staff to review best practices in regard to assessments will be scheduled. While some policies, in regard to Welcoming and Accessibly of Services have been revised, they still do not reflect a job description that identifies competencies for singly trained clinician's at NLCMH. Another barrier to implementation not anticipated is the competition for the limited number of national experts/trainers. Both DCH and other PHIP's are competing for the same limited number of trainers. NLCMH and WMCMHS are considering ways to provide training on a regional basis and will consider sharing experts across boundaries. Due to the competition for training time, much of the anticipated training was pushed back to the last quarter of FY 2005/2006. Unspent funds due to this circumstance are being

Michigan Department of Community Health
Mental Health and Substance Abuse Administration
Improving Practices Infrastructure Development Block Grant
Co-occurring Disorder: Integrated Dual Disorders Treatment
Program Narrative
Quarterly Report

Report Period	**Period Ending September 30, 2006 – Fourth Quarter & Annual Report FY 2006**
PIHP	**Saginaw County Community Mental Health Authority**
Program Title	**Improving Practices Infrastructure Development Block Grant – Co-Occurring Disorder: Integrated Dual Disorders Treatment**
Executive Director	**Sandra M. Lindsey, CEO**
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PCA#	**20715**
Contract#	**20061260**
Federal ID	**38-3192817**

A. Briefly summarize the Systems Transformation efforts and implementation activities of the Improving Practices Leadership Team.

The CEO of SCCMHA appointed the chairperson of the Improving Practices Team as well as team members during the summer of 2005. The 20 member Improving Practices Team met 6 times during FY 2006, in October, November, January, March, May and September. At SCCMHA, the Improving Practices Leadership Team was developed with the role of oversight for all evidence-based practice and related improvements, including promotion of a recovery philosophy throughout the SCCMHA system. The SCCMHA Improving Practices Team has been conducting reviews of current service practice areas, including Assertive Community Treatment, Supported Employment, and Dialectical Behavior Therapy against fidelity requirements for those specific evidence-based practice areas. This team also has the responsibility to provide guidance to the network and SCCMHA management and administration in the implementation of new evidence-based practices, including the new FY 2006 focus of the COD/IDDT model. A member of the Improving Practices Team serves on the state Recovery Council. We also have had excellent substance abuse provider representation in our process, including from the local Substance Abuse Coordinating Agency.

COD/integrated services have been included in the SCCMHA strategic plan development. In addition to direct consumer participation in both the Improving Practices Leadership Team and the COD/IDDT workgroup, the two consumer leadership teams of SCCMHA received reports on the progress SCCMHA is making towards implementation of integrated service delivery, and were involved in the decision-making for all improving practices goals for FY 2007.

The activities of the COD work group and the Improving Practices Leadership Team are routinely reported to the SCCMHA Quality Team. SCCMHA incorporated EBP and COD/IDDT policies into the provider network policy manual during FY 06 as well.

The Improving Practices Leadership Team met bi-monthly in FY 2006, and is moving to quarterly meetings in FY 2007. The COD/IDDT workgroup met monthly in FY 2006, and is moving to bi-monthly meetings in FY 2007.

B. Briefly describe the Systems Change process activities during this quarter related to the integration of Mental Health and Substance Disorder services and the impact of this Evidence-Based Practice process on creating systems change.

The Co-Occurring Disorders (COD) Work Group of SCCMHA met 11 times during FY 2006, in November, December, January, February, March, April, May, June, July, August and September. This group has been completed the COFIT tool in preparation for implementation of DDC and DDE treatment capacity throughout the SCCMHA provider network, and several providers have already used the COMPASS tool as well. The work group has also been kept abreast of statewide activities including various training opportunities, fidelity review planning, and committee meetings. A member of the work group is a participant with MI FAST. Members are also participating in the MDCH COD subcommittees and will be participating in the MDCH FPE committee beginning in FY 2007. A detailed implementation work plan was developed for FY 06-07 and monthly monitoring by a strategic administrative group was instituted. Both the COD work group and Improving Practices Leadership Team activities continue to be reported to the SCCMHA Quality Team.

Consumer leadership on both the team and the work group have been crucial; there have been recent changes in consumer representation, and SCCMHA will be ensuring that consumer input continues to be maintained, including specific consumer contributions to a SCCMHA EBP brochure for primary consumers and family members that is being developed.

C. Briefly describe the changes that have occurred and milestones achieved in the last quarter. Attach the products developed.

SCCMHA continues to sponsor evidence-based practice literature review research projects for each service population in order to offer our provider network and stakeholders a comprehensive review of all evidence-based practices. We utilized the first publication on evidence-based practices for adults with serious mental illness to help introduce EBP concepts to our provider network and staff members. The second publication, "A Guide to Evidence-Based Mental Health Practices for Children, Adolescents and their Families" was published in September 2006 and is just being disseminated. A third publication on evidence-based practices for substance disorders in currently in process.

Members of the provider network continue to attend available trainings and SCCMHA continues to promote the need for this expansion of clinical knowledge among all professional service teams. SCCMHA has incorporated integrated practice education into the SCCMHA Continuing Education Plan for FY 2007, to assure that all staff in case management and other key programs have the foundation information necessary for successful implementation of this evidence-based practice within their team service provision settings.

Installation of an integrated assessment and treatment plan format, was effective with new SCCMHA software installation October 1st. Since all primary providers (those responsible for facilitation of person-centered plans in our network) are now on this electronic consumer record software program, SCCMHA will be able to assure integrated assessment and treatment planning consistency using the same integrated format inherent in the software. This was not previously possible for SCCMHA. October 1 was also the SCCMHA target date for implementation of integrated treatment within four case management team programs as well as the SCCMHA ACT program.

Decisions regarding which programs shall be deemed DDC and those deemed DDE have been completed. All four adult case management programs as well as the ACT program are expected to be dual diagnosis enhanced meeting the parameters of the fidelity model for COD/IDDT. Information pertaining to SA licensure has been disseminated to key mental health programs, several programs still need to obtain this licensure.

The current detailed COD work plan previously noted is attached this report, as well as a recent system summary of COD/IDDT implementation by provider service program type. This gives all service programs of SCCMHA a clear understanding of the elements of integrated service they are expected to implement, even if they are not expected to become DDE or will not be measured for fidelity to the complete model in 2007. During FY 2007, it is planned that the SCCMHA programs will be reporting to the COD/IDDT team on their adherence to the model elements, including successes and barriers.

D. Briefly summarize consensus building and collaborative service efforts with other systems and agencies that have taken place during this quarter.

SCCMHA continues to remain very encouraged by the support, energy and engagement of the COD work group members, the improving practice team and support of the community for this endeavor. Several key substance abuse providers continue to actively serve on the COD workgroup, and their input has been extremely valuable. They express a commitment to becoming 'mental health capable' as a part of this process. A number of parties to the developed charter document have endorsed the project and we are continuing to secure the remaining actual signatures. Only one (hospital) provider has expressed concern about application and compliance to date. Local judges have endorsed the COD/IDDT charter, along with the CA/SA Advisory Board, the SCCMHA Board of Directors, and the SCCMHA Citizens Advisory Board.

E. Briefly describe the progress of each of the Co-occurring Disorder project goals and objectives of this quarter. Include an update on systems assessment utilizing the Co-Fit or COMPASS, the development of action plans based on this self-assessment, and progress on action plans. Please attach initial work plan/action plan based on this assessment and amendments, if any, for each of the quarters.

As noted, SCCMHA continues to focus on training all primary clinicians in the COD/IDDT model and obtaining baseline assessment information. A detailed identification of training needs and areas (e.g., motivational interviewing, stage-wise interventions, substance abuse counseling, group treatment, etc.) has been completed. SCCMHA received specific block grant funds for four key areas of COD/IDDT implementation: stage-wise intervention,, motivational interviewing, substance abuse counseling and group work. During FY 07, these areas will be a training focus for key SCCMHA programs.

The COD work group completed the COFIT tool and there was substantial discussion about the issues that the tool raised for SCCMHA system implementation. Several DDE providers have completed the COMPASS to date. All providers who are becoming DDE, are expected to complete the COMPASS as soon as possible. Outcomes will be discussed in the COD/IDDT workgroup.

The original work plan was modified, and then the COD/IDDT workgroup developed a detailed implementation plan, which is now being used as a guide for task assignment and achievement during implementation. Work force expectations have been made clear through established training requirements and program supervisors are clear on compliance expectations through the establishment and dissemination of both EBP and COD/IDDT policies by SCCMHA.

Some targeted efforts were also made with physicians, and this will continue into FY 2007. There was also a specific SCCMHA 'front door' discussion regarding implementation steps and orientation for key staff.

F. Briefly describe staff training and technical assistance obtained during this quarter. Explain how these will be utilized for the program development and improving services. Please include staff coverage for the project with an organizational chart showing the location of staff for this project.

SCCMHA continues to be represented in the state wide COD committees and has participated in some of the COCE technical assistance endeavors. Staff and providers attended a number of different state trainings during FY 06, including the local kick-off Minkoff and Cline training that SCCMHA hosted in November 2005. Beginning in FY 07, integrated training is required for any new staff within case management programs. SCCMHA has also incorporated such training content into a continuing education plan and program. Key case management program staff also participated in a Boyle consultation during FY 06 as well.

G. Briefly explain the barriers and issues encountered during this quarter and the action taken to address them (administrative, legal, policy, training, outcomes, funding, budget, data encounter, grievances, etc.).

One barrier of on-going concern for SCCMHA is limited resources; this will be continual challenge for SCCMHA as some staff are responsible for multiple areas of scope independent of improving practices, and there are many competing priorities within SCCMHA. However, SCCMHA has made plan to reduce case management caseloads within the in-house adult case management program; this should better facilitate the ability of the program staff to embrace evidence-based practice techniques and focus. Administrative resources continue to be challenging, however the commitment is being maintained in spite of those challenges. We have adjusted the meeting schedules of the implementation teams to accommodate some of this issue.

Training new case managers will be an ongoing challenge. SCCMHA has, however, incorporated basic COD/IDDT training in the organization's continuing education program, so we will not be dependent upon external consultants to meet this ongoing need.

The separation of substance abuse and mental health at the state level continues to create some challenges for SCCMHA has a PIHP; policy changes at the state level as those currently being discussed will be quite helpful.

Ensuring that all physicians are educated regarding dual disorders and psychopharmacological interventions is an ongoing endeavor. We have yet to

ensure that all physicians are on board, although encouraged by participation thus far.

There continues to be a high level of commitment on the part of SCCMHA for this implementation effort, as demonstrated by SCCMHA's foray into literature research; we do expect to overcome these recognized barriers.

H. For projects that are at the stage of implementing COD enhanced service models, provide the following information:

SCCMHA established October 1, 2006 as the targeted implementation date. The designated DDE programs should be providing integrated services as of that date.

1. Briefly describe the PIHP action related to data collection, fidelity, and process monitoring activities to accomplish the project goal.

The SCCMHA representative taking a leadership role in fidelity training is actively participating and a member of the MIFAST team, and is a member of the SCCMHA COD/IDDT work group. SCCMHA carefully reviewed elements of the fidelity requirements with the COD work group, and developed a summary by program type of provider expectations for implementation.

Data collection planning is still occurring; training compliance for key staff and providers will be measured early in FY 07, and data collection of events will be planned, however cannot be implemented per MDCH direction until following the SCCMHA MIFAST review, expected to take place as SCCMHA in Winter 2007. In the meantime, DDE supervisors will be reporting on their progress to the COD/IDDT work group, which beginning in FY 07 will be meeting bi-monthly.

2. Describe the target population/program served during this quarter. Include the number of unduplicated individuals this quarter and the cumulative number of unduplicated individuals during this fiscal year. (If possible, include the demographic of diagnostic data relevant to the project's goals.)

The targeted DDE programs are the four SCCMHA adult case management programs, Community Support Services (2 teams), Training and Treatment Innovations as well as the new case management program at Saginaw Psychological Services, in addition to the TTI ACT Program.

We are not yet reporting integrated service data per MDCH instruction, but are gearing up to do so when so advised in FY 2007. Persons to be directly impacted by this integrated service implementation are

approximately and up to 1300 adults receiving active case management services from SCCMHA providers.

I. **Describe PIHP financial and in-kind support utilized to support this project and status of sustainability planning. Is the project having problems with implementation/continuation with all the allocated resources? Should an amendment be initiated?**

Significant staff and provider network time continues to be invested in this project. SCCMHA continues to provide space and other resources for direct hosting of meetings as well as continuing to invest resources in literature research relative of overall EBP practices and information. Administrative support has been consistent, although resources have been severely stretched. Evidence-based practices along with recovery have been given an ongoing forum in all SCCMHA publications. SCCMHA has incorporated improving practices as a key element in the organizational strategic plan.

J. **Describe the activities planned to address the project's goals and objectives for the next quarter.**

Individual staff members have been given minimum training requirements for COD/IDDT implementation. SCCMHA will begin providing training compliance reports to programs regarding this EBP, and programs will be expected to report progress at each bi-monthly COD/IDDT meeting.

Completion of the Compass by all DDE programs and substance abuse licensure status is expected before December 31, 2006.

Progress of the DDC programs will be monitored by the COD/IDDT workgroup. Implementation of elements of the fidelity scale by SCCMHA DDC programs is expected to take place during this first quarter of FY 2007.

Additional physician communications and training on COD/IDDT will occur during the first quarter of FY 2007.

SCCMHA intends to conduct some preparatory internal fidelity reviews of the DDE programs during the second quarter of FY 2007, in preparation for the external reviews.

SCCMHA will continue to promote understanding and visibility of COD/IDDT implementation as well as recovery through continued inclusion of these topics in various organizational publications to staff and providers. A consumer brochure on evidence-based practices is planned for completion this fall as well.

Routine case management team meetings are planned, which will include standing agenda discussion of EBP related directions and progress, including COD/IDDT implementation, successes and barriers.

The Improving Practices Leadership Team will continue to provide oversight, and is taking on an added evidence-based practice in oversight of Family Psychoeducation as well.

Annual Narrative Report

Co-Occurring Disorders
October 1, 2005 – September 30, 2006

A. The Thumb Alliance PIHP continues to work within the start up domain of implementing the Co-Occurring Disorders [COD] Block Grant. Within the fourth quarter, the Thumb Alliance has, in conjunction with Wayne State University, completed the interviews, observations, material reviews and site visits necessary for our baseline GOI and IDDT fidelity assessment.

From a system readiness standpoint, the review team is meeting to develop the consensus evaluation documents that will summarize what the review team observed relative to the implementation of the IDDT tool kit across the Thumb Alliance region. Our Co-Occurring Disorders Workgroup, which reports to the Improving Practices Leadership Council (IPLC), will review the consensus documents in consultation with Dr. Gene Schoener from Wayne State University and will revise their strategic work plan based upon the results of the assessment on a regional basis. Individual programs will also be required to develop action plans in response to individual review results and those action plans will also become part of the regional COD Workgroup plan.

Efforts continue to take place within the System Readiness and Access System Integration domains of the Strategic Action Plan. The Access Sub-Committee continues to work towards integration of the access functions for the public mental health and substance abuse treatment systems from both the clinical and technological standpoints. The Thumb Alliance has been participating with some of the state level discussion on integrated screening and access. The Thumb Alliance had been prepared to pilot a small number of standardized screening instruments for that group but that effort has been scuttled due to disagreement between the state level measurement group and the group working with the COCE TA grant initiative. The Thumb Alliance took on direct oversight of the Medicaid substance abuse system effective April 1, 2006 and we continue to work towards integration of the full public mental health and substance abuse systems.

In addition, the Thumb Alliance PIHP has developed an aggressive training plan via a contract with Wayne State University geared at system readiness to implement the IDDT tool kit. While the plan is not yet finalized from a scheduling standpoint (see attached), the components are set and the regional providers are preparing to participate in this process over the coming year.

The COD Workgroup has revised its work plan for the coming fiscal year (attached), but it was done with the understanding that the plan will be revised again based upon the IDDT/GOI fidelity assessment results. The group will review those results with assistance from Dr. Schoener in November of 2006.

B. The most significant process change activity from this quarter was related to our IPLC three phase work plan. In that plan, the IPLC has identified action targets that will lead toward broader system level improvements, which include, but are not

limited to the implementation of the IDDT tool kit. It is in this quarter that the IPLC began to broaden its focus by formally creating a regional Recovery workgroup to guide and oversee the expansion of recovery efforts across the region.

C. As referenced above, the most significant milestones achieved this quarter are the completion of our baseline GOI and IDDT fidelity assessment process, the development of a regional training plan related to IDDT, and the creation of our Recovery workgroup. We anticipate the baseline assessment process review to be completed within the first quarter of the next fiscal year.

D. The movement locally towards formal integration of the public mental health and substance abuse systems, with the eventual outcome of having the PIHP designated as the CA within the Thumb Region, continues to be associated with this initiative and has given added meaning to the discussion for some. All three County Boards of Commissioners have endorsed the proposal developed by the Thumb Alliance PIHP and the St. Clair County Health Department for transition of the CA designation to the Thumb Alliance PIHP as a bureau of the St. Clair County Community Mental Health Authority. Work is ongoing in the final phase of the transition plan with a project transition date of 10/01/07.

E. The most significant progress to date is in the area of fidelity assessment. As mentioned above, we have completed the review process for our baseline fidelity assessment and are working on the consensus statements. In addition, we have developed a regional training strategy which will augment our efforts relative to IDDT. Through these activities, we intend to strengthen our partnership with Wayne State University in hopes of drawing on their expertise in the area of implementing, monitoring and sustaining evidence-based practices. We have also developed a multi-faceted training approach that includes key components of the IDDT model (i.e., Motivational Interviewing and Stages of Change/Intervention).

F. We again have had staff attendance at the recent trainings in this area provided by the MDCH as well as participation in the Share and Learn sessions conducted via the state level COD workgroup. In addition, as mentioned above, we have contracted with Wayne State University for ongoing training for all levels of staff relative to IDDT. We maintain representation on the state level Practices Improvement Steering Committee. In addition, we have participated on the technical assistance conference calls facilitated by Network 180 and receive the technical assistance documents from MDCH as members of the listserve.

St. Clair County is still awaiting word from SAMHSA regarding their grant request grant to coordinate regional COD training. If the grant is awarded, they will look to bring in Dr. Kim Mueser to provide training in stage-wise intervention.

G. We continue to encounter barriers associated with the start-up of almost any new initiative, which are compounded by the fact that the scope of this project encompasses three county CMHSPs. We have increased our focus on the fidelity assessment process at this point and are prepared to utilize the outcomes from that process to help us identify pertinent immediate and longer-term barriers that require

our attention and energy.

H. N/A

I. See Financial Report

J. The most significant activities that we are looking for progress on over the next quarter fall in two areas. First, we intend to complete and begin analysis of the data from our baseline evaluation of system readiness and ongoing system fidelity monitoring using the IDDT and GOI tools within this coming quarter. This will enable a more comprehensive evaluation of our strategic work plan and guide us in amending it. Second, we plan to initiate our formal training plan for the region as it relates to IDDT.

THUMB ALLIANCE: PIHP

QUALITY IMPROVEMENT GOALS – COD WORKGROUP FY 07

PRIORITY GOALS / KEY TASKS	WORKGROUP ASSIGNED	START DATE	END DATE
1. Review and analyze system level results from the initial and subsequent regional IDDT/GOI fidelity evaluation.	COD	10/1/06	11/30/06 (initial) and ongoing
2. Prepare formal report and recommendations for the Thumb Alliance Management Council relative to the analyzed results of the regional baseline fidelity assessment.	COD	11/30/06	12/31/06
3. Oversee implementation of IDDT training curriculum and make recommendation to the regional training committee regarding types of training that ought to be required for various levels of staff throughout the region.	COD	10/1/06	9/30/07
4. Evaluate the need for identification of persons with COD as a distinct treatment population and make recommendation to the regional Privileging and Credentialing Committee regarding minimum qualifications (credentials and training) that ought to be in place for relevant practitioners.	COD	10/1/06	3/31/07
4. Continue participation on state level COD workgroups, ensuring that state level information is available to regional workgroups throughout the planning and implementation phases of their assigned tasks.	COD	10/01/06	Ongoing
5. Identify key tasks to be completed and participate in the development of work plans in the areas of: ➢ Data management, tracking, and submission ➢ Provider contracting and monitoring ➢ Project evaluation and CQI ➢ Access Integration	COD	10/1/06	3/31/07